



# Return Authorization Form

Store Name: \_\_\_\_\_

Customer # \_\_\_\_\_

Shipping Location: \_\_\_\_\_

Phone# \_\_\_\_\_ Fax#- \_\_\_\_\_

Email: \_\_\_\_\_

RA# \_\_\_\_\_

Contact Date \_\_\_\_\_

Store Contact \_\_\_\_\_

For Fastest Service:

1. Please verify that all products are under warranty
2. Test all products prior to submitting form
3. Fill out this form and Fax to N.C.W.G.S. @ 585-599-4403
4. Provide the Invoice # for proof of purchase
5. Indicate your reason for returning the product

<p>N.C.W.G.S. USE ONLY</p> <p>Date received: _____</p> <p>Received by: _____</p> <p>Invoiced by: _____</p>
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Quantity	ITEM #	REASON for RETURN	INVOICE # required

**Note : Any action will be determined at N.C.W.G.S.'s discretion**

- After we receive this form we will respond by phone or fax with an RA #
- Retain this form for your records
- Write the RA# on the outside of the box

<p><b>Any product received which is not listed on this form will not be processed</b></p>
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