



Required on ALL pages
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 ACCT # _____

Customer RGA Request Form

FAX RETURN REQUEST TO: 303-871-9342

CUSTOMER INFORMATION

Account #		Name	
Reference # (To display on actual credit)		Fax # (For RGA to be returned to)	
Contact Name		PHONE #	DATE
Customer Branch/Location (If applicable)			

ITEM INFORMATION *Note: All returns are subject to inspection and do not guarantee credit.*

	LINE CODE	PART #	QTY NEW	QTY DEFECT	Explanation//Batch #
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

- PLEASE COMPLETE TOP SECTION OF FORM TO EXPEDITE REQUEST
- IF NECESSARY, PLEASE USE ADDITIONAL FORMS OR ATTACH SUPPORTING DOCUMENTS
- PLEASE CONTACT A&H CUSTOMER SERVICE WITH ANY QUESTIONS
- **PLEASE CONTACT A&H CUSTOMER SERVICE IF YOU DO NOT RECEIVE AN RGA FORM WITHIN 2 BUSINESS DAYS OF YOUR FAXED RGA REQUEST**

OFFICE USE ONLY

RGA System # _____

EMPLOYEE _____

