RGA REQUEST

RGA #_____

Company Name: _____ **Credit Memo Number:** _____

Customer Number: _____ **Credit Memo Date:** _____

Date: _____ **Credit Memo Amount:** _____

EXCHANGE

Return Item	Qty	G/D	Warehouse Check	Customer Signature/Name	Date

Item Given	Qty	Warehouse Check	Customer Signature/Name	Date

RETURN

Return Item	Qty	G/D	Reason	Warehouse Check	Price	Customer Signature/Name

PRICE CORRECTIONS

Item	Qty	Original Price	Correct Price	Price Difference

11944 Baker Pl, Santa Fe Springs, CA 90670 * Tel: (562) 404-2425 * Fax: (562) 404-1811