**Carlin RGA Request Form –** ME, NH, VT, MA, RI & CT only

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| **Date:** |  | **Requested by:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Company** |  | **Contact** |  |
| **Phone** |  | **Fax** |  |
| **Address:** |  | | |
| **Email:** |  | | |

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| **Debit or Replacement PO #** |  |

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| --- | --- | --- | --- |
| **Qty** | **Part Number** | **Date Code** | **Reason for Return** |
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**Comments:**

Please fax or email completed form to:



Phone: 800-410-8700 Fax: 207-324-2217 Email: warranties@dandavissales.com