Return of Good */* Materials Request

**Wholesaler:**

|  |  |
| --- | --- |
|  | **Date:**  |
|  | **Contact:** |
|  |  |
| **Phone:**  | **Debit Memo:** |
| **Fax:**  | **Requested by:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Qty** | **Part Number** | **Serial Number** | **Reason for Return** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

Notes:

Please fax or email request to:

PO Box 567

Springvale, ME 04083

Phone: 800-410-8700

Fax: 207-324-2217

Email: info@dandavissales.com

An RGA will be faxed or emailed to you along with the return address.