Return of Good */* Materials Request



**Wholesaler:**

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

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

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](mailto:info@dandavissales.com)

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