



Return of Good / Materials Request

Wholesaler:

Address:

City, St, zip:

Date:

Contact:

Email:

Phone:

Debit Memo:

Fax:

Requested by:

Qty	Part Number	Serial Number	Reason for Return

Notes:

Please fax or email request to:

Fax: 207-324-2217

Email: warranties@dandavissales.com

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

Restock Fee 20% on returns