

RETURN MATERIALS REQUEST FORM



1. Please fill out all applicable information below.
2. 25% restock may be applied to all non-defective returns.
3. All transportation costs for goods must be paid by the purchaser.
4. Only saleable goods of standard manufacturer may be returned for credit.

DISTRIBUTOR INFORMATION

Date _____
Distributor Name _____
Street Address _____
City _____ State _____ Zip Code _____
Contact Name _____ Ph # _____ Email _____

RETURN INFORMATION

Manufacturer	Model #	Date Code	Qty	Original PO #	Invoice #	Reason for return

WARRANTY RETURN INFORMATION ONLY

Explanation of Warranty issue or failure. **Must be filled out for ALL defective returns.**

Date Installed _____ Date Failed _____
Replacement Model# _____ Replacement PO # _____
Invoice # _____

INTERNAL USE	
CREDIT AMOUNT	\$ _____
RESTOCKING FEE	\$ _____

IF VIEWING IN A PDF READER (EX. ADOBE, FOXIT, XCHANGE EDITOR, ETC.) PLEASE CLICK SUBMIT BELOW

IF VIEWING IN A WEB BROWSER, PLEASE SAVE AND SEND TO RGA-WARRANTY@SHAMROCKSALESINC.COM BY CLICKING ON THE EMAIL ADDRESS

