

Return Goods Authorization (RGA) Request Form

Date _____

 Email completed form to tech@wadsworthcontrols.com or mail to address on letterhead.

Company Name _____

Contact Name _____

Mobile phone _____

Email _____

Work phone _____

Billing address:

Address _____

City _____

State _____

ZIP code _____

Email _____

Work Phone _____

Shipping Address:

 Same as billing address

Address _____

City _____

State _____

ZIP code _____

Email _____

Mobile Phone _____

Work Phone _____

Do you need a replacement product? _____

If this is an emergency, call 800-821-5829

RGA information

Description _____

Part # _____

Qty _____

Serial # _____

Reason for RGA _____

Description	Part #	Qty	Serial #	Reason for RGA

 Economical repair policy: We won't repair products if the repair costs are 50% or more than the replacement cost
 If returning multiple items, please use one RGA per invoice.

If you are requesting a credit complete the information below:

Purchased from _____ Distributor (name) _____

Direct _____ Website _____

Invoice # _____ PO # _____ Invoice date _____