

## Return Goods Authorization (RGA) Request Form

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

Date \_\_\_\_\_

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**BILLING ADDRESS:**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**SHIPPING ADDRESS:**

Same as Billing Address

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Do you need a replacement product? **If this is an emergency, call 800-821-5829**

**RGA INFORMATION:**

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 \_\_\_\_\_