## Reed Manufacturing Returned Goods 1820 Nagle Road Erie, PA 16510

Phone: 800-666-3691 Fax: 800-456-1697

## REQUEST FOR RETURN AUTHORIZATION FORM

|  |  | ation (RGA #)<br>nd use on all correspondence.)   |
|--|--|---|
| Reason for re  |  | Review  |
| Tool   | Problem with tool_   |   |
| Tool   | Problem with tool_   |   |
| of the tool, and   |  | defects in materials or workmanship for the normal life or modified tools, perishable parts or parts work |
|  | Inventory A  | Adjustment  |
| original boxes Reed. An auto or greater val added. A cop assessed if re Attention Retu | in resalable condition that comatic 10% restocking clue must accompany returned of the original invoice econditioning or reboxinarined Goods.  Other (please |   |
|  | e your choice and fax back   | will fax this form containing an estimate for tool repair to Reed.  |
| Tool   |  | Estimate for repair   |
| Repair_  | PO#  | Do Not Repair   |
| Nonrepa  | airable Return a   | s is Scrap  |
|  |  | **********  |
|  |  | Contact   |
| Address  | i  |   |
|  | · · · ·  |   |
| Distribut  | or Reference Number  |   |
| Phone:   |  | Fax <sup>·</sup>  |