



RGAs Request Form

ATTN: _____ Date _____

Manufacture _____ Date of Purchase _____

P.O. # _____ Invoice# _____ Shipper Rel# _____

P.O. # _____ Invoice# _____ Shipper Rel# _____

Date Code if applicable: _____

Reason for Return: _____

Qty	Catalog #	Description	Net Cost

Distributor Name: _____ City _____

Distributor Contact Name: _____

Distributor Phone: _____ Distributor Fax: _____

**Complete all sections on this form and fax back to
(562) 789-1770 Attn: Lindsey Schlueter or email to
lindseys@mcgeeco.com**