

Vibrafinish Company*The Media Maker***CUSTOMER RGA REQUEST FORM**

8411 Seward Road
 Hamilton, OH 45011
 Phone: (513) 870-6300

REQUIRED ON ALL PAGES

PAGE _____ OF _____

DATE _____

SUBMIT REQUEST VIAEmail to: VFLab@vibrafinish.com

Or by fax to: (513) 682-7801

PLEASE NOTE THE FOLLOWING:

*Complete top section of form to expedite request.

*If necessary, use additional forms or attach supporting documents.

*Contact us with any questions.

*Contact us if you do not receive an RGA form within 2 business days of your original RGA request.

CUSTOMER INFORMATION

Distributor Name _____

Customer Name _____

Contact Name _____

Original invoice # or customers P.O. # _____

Date of Purchase _____

Phone _____

Vibrafinish Salesman _____

Customer Branch/Location email address _____

	DESCRIPTION	QTY NEW	QTY USED	EXPLANATION FOR RETURN OF ITEMS
	<i>EXAMPLE: ¾" SY- 1TET</i>	<i>500#</i>	<i>500#</i>	<i>ORDERED INCORRECTLY</i>
1				
2				
3				
4				
5				

OFFICE USE ONLY

RGA # Assigned _____ DATE _____