SUBMIT REQUEST VIA
Email 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

<table>
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<tr>
<th>DESCRIPTION</th>
<th>QTY NEW</th>
<th>QTY USED</th>
<th>EXPLANATION FOR RETURN OF ITEMS</th>
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<td>500#</td>
<td>500#</td>
<td>ORDERED INCORRECTLY</td>
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OFFICE USE ONLY
RGA # Assigned ___________________________ DATE ___________________________