DUO LIFT Return Goods Authorization Request

Duo Lift RGA No:_____
Date Assigned:_____

2810 38th Street
Columbus, NE 68601
1-800-243-2583 Phone
1-402-564-5385 Fax
sales@duolift.com

IMPORTANT

1. **15% restocking charge will apply to all returned goods.**
2. Fill out one claim form for each P.O. #.
3. Assigned RGA number must appear on all returned merchandise.
4. Return request must be made within 30 days of receiving product.

DATE:_____
DISTRIBUTOR:_____COMPLETED BY:_____
ADDRESS:_____
CITY:_____STATE:_____ZIP:_____
CUSTOMER CO. NAME:_____CONTACT:_____
ADDRESS:_____PHONE:_____
CITY:_____STATE:_____ZIP:_____

DUO LIFT INVOICE NUMBER:_____DIST. P.O. #:_____

COMPANY USE ONLY

RETURN PARTS BY:
____ UPS
____ COM. CARRIER
PH:_____
____ COMPANY TRUCK
____ OTHER

REC BY:_____
DATE REC:_____
INVENTORY:
YES NO

BASE UNIT OR ATTACHMENT TO BE RETURNED		
SERIAL NO:	DATE OF PURCHASE:	DATE OF RETURN:
MODEL NO:	PART NUMBER:	

REASON FOR RETURN

Signature:

ITEMS RETURNED			*COMPANY USE ONLY*		
QUANTITY:	PART NO:	DESCRIPTION:	APPROVED	X	DENIED

ADDITIONAL COMMENTS