PARTS
ELEVATED

RETURN GOODS AUTHORIZATION

DATE: _____

RGA No. : _____

SHIP TO:
ATT: PARTS DEPARTMENT
COE GRIDLEY
1722 HWY 99
GRIDLEY, CA 95948

CUSTOMER INFORMATION

CUSTOMER NAME: _____ STORE LOCATION: _____

CONTACT NAME: _____ PHONE No. _____

EMAIL ADDRESS:_____

REASON FOR RETURN: _____ ATTENTION TO: _____

INVOICE NUMBER:	ITEM NUMBER:	ORIGINAL PO No.	DESCRIPTION	QTY

RETURN THIS COMPLETED FORM WITH THE GOODS BEING RETURNED