



RETURN GOODS AUTHORIZATION FORM

RGA #: _____

NC #: _____

Return Delivery Address:

VAN DORN DEMAG (DEMAG PLASTICS GROUP)	Phone: 440.876.8960
11792 Alameda Drive	Fax: 440.238.4668
Strongsville, OH 44149-3011	www.vandorndemag.com

Dear Customer,

Thank you for purchasing Van Dorn Demag products. To better serve our customers, all products being returned to Van Dorn Demag require an RGA #. To obtain this number, please complete and return this form. We will then issue the RGA # and return the completed form to you to be used as part of your packing list for the return shipment. The completed RGA form must be returned with shipment; otherwise, we reserve the right to return the goods at customer's expense. When returning goods for evaluation of a failure that is not covered under warranty, evaluation costs will be charged in addition to any expedite fee for rush evaluation.

Important Note:

If the information provided is incomplete, we will be unable to process your return.

Sales Order #: _____	Dated: _____
Customer: _____	Machine Serial #: _____
VDD Part #: _____	Part Description: _____
Manufacturer's _____	Part Manufacturer's _____
Model #: _____	Serial #: _____

REASON FOR RETURN (Insert an X for all that apply.)

Aftersales warranty consideration

New machine warranty consideration

Aftersales "Out of Box" failure

Inspect and quote for total factory rebuild (non-warranty repair)

Unused - not needed - credit (restocking fee may apply)

Incorrect part delivered (shipping error)

Core return for credit ONLY

Other (explain) _____

RUSH EVALUATION NEEDED (expedite fee may apply)

How long has part been in use? _____

DESCRIPTION OF AND / OR REASON FOR FAILURE: _____

CONTACT PERSON: _____

PHONE: _____

SIGNATURE: _____

EMAIL: _____

Office Use Only****

Repair Cost: _____ Inspection Fee: _____

Technician: _____ Warranty Approved Y/N: _____