

RETURN GOODS AUTHORIZATION FORM

*** Please ship returns to:***

ProVent Systems
1355 Capital Circle
Lawrenceville, GA 30043
Phone: 770-339-1782 ~ Fax: 770-339-1784

RGA # _____ DATE: _____
(**Label each box with this number**)

INVOICE #: _____ ISSUED TO: _____

RESTK/HANDLING CHG: _____

FREIGHT _____ PPD _____ COLLECT _____

CREDIT _____ YES _____ NO _____

REPRESENTATIVE: _____ SHIP FROM: _____

DATE OF RETURN: _____

C/M# _____ DATE: _____

REASON FOR RETURN: _____

MATERIAL TO BE RETURNED:

COMMENTS: _____

****TERMS AND CONDITIONS****

UPON RECEIPT, ITEMS WILL BE SUBJECTED TO INSPECTION.
CREDIT WILL BE ISSUED FOR ITEMS THAT MEET OUR WARRANTY REQUIREMENTS OR THAT ARE IN
RESELLABLE CONDITION AND PURCHASED WITHIN THE LAST 6 MONTHS.