

Return Goods Authorization Request

Date: _____ Company Name: _____

Phone: _____ Fax: _____

Pages: _____ Contact: _____

I am requesting a Return Goods Authorization (RGA) for the following item(s). I understand that credit is subject to inspection and will be issued only if returned item(s) are accepted by Kokoware company policy. Any product that is deemed non-returnable will be destroyed at Kokoware's location and credit will be denied. Kokoware will apply a 25% restock fee on returned items, unless the return is due to Kokoware's error. Any product that is returned without prior authorization from Kokoware will not be eligible for credit.

Please check the appropriate box: Order Incorrectly Defective (please state defect in detail below) Cancellation Other _____

Defect Issue: _____

PO# _____ or Invoice # _____

Quantity	Item Number	Description	Unit Cost

ACCEPTANCE OF AUTHORIZED RETURNS RELIES ON THE FOLLOWING:

1. Product must be double boxed, not to damage original packaging
2. Products must be in the original package. Items not properly packaged will be refused.
3. All shipments must have "RGA" number clearly written on the outside of package
4. A copy of the RGA must accompany the product being returned
5. The authorization of the RGA is valid 30 days from assigned date.

Authorized By: _____ Date: _____

Return To: _____
