



**ORANGE COUNTY, CALIFORNIA**

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**Returned Goods Authorization Form**

**RGA #** \_\_\_\_\_

Date Issued: \_\_\_\_\_

Issued By: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Qty.	Inv. Date	DLD Invoice#	Part #	Check Below	Reason
				___ Exchange ___ Credit	
				___ Exchange ___ Credit	
				___ Exchange ___ Credit	
				___ Exchange ___ Credit	
				___ Exchange ___ Credit	

**For Office Use Only :**

Approved By : \_\_\_\_\_ Date Approved: \_\_\_\_\_

Processed By: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Customer ID: \_\_\_\_\_