Date Issued $\square$
Case Number $\square$ Please mark the Case Number on the outside of the return package and on all paperwork. Place a copy of this form in with your return.

Company/ Customer Name
Attn.
Your company RGA (if applicable)

## Returned Product Information



|  |  |  |
| :--- | :--- | :--- |
| Print Name Customer | Signature (Customer) | Date |
|  |  | $\square$ |

## Authorized by (Lippert Agent):

$\square$

## For Lippert office use only

## Disposition (Choose One)

Return Location (Choose One)

Credit to be issued if part if part is found to be defective
If part is not defective, you have 10 days to claim part.
$\square$ No freight reimbursement / Shipped on Customer Account
$30 \%$ restocking fee (built to spec) 20\% restocking fee applies
$\square$ Return freight label / BOL authorized

## THIS RGA IS VALID FOR 30 DAYS ONLY

Please reply within your case time frame if you have any questions regarding this RGA or call 574-537-8900.

