



3475 Old Maysville Road / P. O. Box 269
Commerce, Georgia 30529-0269
Telephone 706•335-5551/Fax 706•335-5490

RETURN GOODS AUTHORIZATION

This form must accompany all product returns.

Return Authorization Number: _____

Customer: _____	Contact: _____	Fax #: _____
Order Number: _____	Customer P.O. Number: _____	
Invoice Number: _____	Ship Date: _____	

<u>Quantity</u>	<u>Part Number</u>	<u>Description if necessary</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for returning: _____

Date: 6/13/03 Customer Service Rep: _____

Authorized by: _____