

RETURN GOODS AUTHORIZATION (RGA) REQUEST

E-MAIL COMPLETED FORM TO: diego.faria@akgts.com
Questions? Or if you have not been contacted in 2 Business Days Call 919-563-487:

	AN RGA \	VILL NOT BE ISSUE	O WITHOUT A	COMPLETE	FORM	
AKGTS DISTRI	BUTOR NAME AN	O SHIPPING ADDRES	SS END	USER NAME	E AND CONTACT INFO	
			NAME:			
			PHONE:			
			EMAIL:			
AKGTS DISTRIBUTOR WARRANTY CONTACT AND PRODUCT INFORMATION				INFORMATION REQUIRED FOR RGA		
AME:			AKGTS P/N	AKGTS P/N:		
E-MAIL:			OTV	1		
PHONE:			QTY:			
YOUR P/N: YOUR PO #:			MFG DATE:			
100K PO #.			CO #.			
COOLER FAILURE		NO	YES			
MOTOR FAILURE	HYDRAULIC	AC	DC			
IF MOTOR OR COOL	ER FAILURE PLEASE	COMPLETE THE FOLL	OWING TO REC	EIVE AN RGA#	#	
FLUID COOLED:			APPLI	CATION:		
OPERATING TEMP:		SERVICE HOURS:				
OPERATING PRESSURE:			DATE OF INSTALL:			
PLEASE PROVIDE A	DETAILED DESCRIP	TION OF THE SUSPE	CT DEFECT OR	FAILURE AND	THE REASON FOR RETURN	
		MAIL- ATTACHMENTS MU				
				PER THE AKG		