



RETURN GOODS AUTHORIZATION (RGA) REQUEST

THERMAL SYSTEMS, INC.

E-MAIL COMPLETED FORM TO: RGA@AKGTS.COM

AN RGA WILL NOT BE ISSUED WITHOUT A COMPLETE FORM

YOUR COMPANY NAME AND SHIPPING ADDRESS		AKGTS INTERNAL USE	
		RGA #:	
		ACCT MGR:	
		ASSIGNED:	
		CAPA #:	
		NCR #:	

YOUR WARRANTY CONTACT AND PRODUCT INFORMATION		INFORMATION REQUIRED FOR RGA	
NAME:		AKGTS P/N:	
E-MAIL:			
PHONE:		QTY:	
YOUR P/N:		MFG DATE:	
YOUR PO #:		CO #:	

FAILURE ANALYSIS REQUIRED?	NO	YES	IF YES COMPLETE THE FOLLOWING
FLUID COOLED:		APPLICATION:	
OPERATING TEMP:		SERVICE HOURS:	
OPERATING PRESSURE:		DATE OF INSTALL:	

PLEASE PROVIDE A DETAILED DESCRIPTION OF THE SUSPECT DEFECT OR FAILURE AND THE REASON FOR RETURN

REQUESTS FOR RGAS WILL BE APPROVED OR DENIED PER THE AKGTS RETURN POLICY