



RETURN OF GOODS AUTHORIZATION FORM (RGA)

RGA #*	Customer #
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Customer Name*	Date
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Address*

City*	State/Province*	Zip/Postal Code*	Country*
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Phone*	Email Address
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Reason for Return*

PRODUCT INFORMATION

SKU#	Item Description	Auth. Qty. Returned	Qty. Returned	Inspected Pass/Fail

TO SUBMIT RGA REQUEST FORM:

Please attach original Corksribas Invoice and Packing List and email this request to info@CorksribasUSA.com, or call **609.438.1400** to request an RMA number.