

Return Authorization Request Form

Date:

	RMA Auth #:			
CONSTRUCTION EQUIPMENT PARTS		DNAA TV	vno:	
Phone: 888-983-7847 Fax: 855-803-5383	□ Refund □ E	RMA Ty Exchange	pe. □ Warranty	□ Core
Contact In	formation		· ·	
Last Name:	First Name:			
Company Name (if applicable):				
Daytime Phone:	Evening Phone:			
Email Address:	Fax #:			
Pick Up Information				
Type of Location picking up from:	□ Residential		Business	
Name:				
Street Address:				
City:	State:			
Country:	Zip:			
Shipping: Who pays for? ConEquip	□ Customer		Vendor	
Restocking Fee: No Yes if so how much?	□ 15% □ 20 9	% \Box	Other	_%
Billing Information				
Name:				
Street Address:				
City:	State:			
Country:	Zip:			
Order Information				
Invoice #:	Payment Method:			
Item #:	Return Reason Code:			
Item #:	Return Reason Code	Return Reason Code:		
Item #:	Return Reason Code	2:		
Return Reason Codes				
Record appropriate number in the Reason Code # column above.				
1- Defective Part/Warranty – part not replaced	7- Warranty – Part Ro	-		
2- Shipping Delay – Vendor		ConEquip looked up the wrong part number		
3- Shipping Delay – Natural Disaster	9- Vendor sent wron			
4- Shipping Delay – Lost/Damaged Part	10- Part never shippe	ed – Vendor	rs fault	
5- ConEquip did not look up the part number	11- Admin Error			
6- Customer decided they did not want the part	12- Other (please exp	piain)		
Notes:				
Internal Use Only: Conequin?	Customer? Warehou	1000		