

RETURNED GOODS AUTHORIZATION REQUEST FORM



To submit a request for a RGA#
 Please provide the following:

Order#
Ship Date:
Customer PO#

Customer# _____

Fax: _____

Company Name: _____

E-mail: _____

Contact Name: _____

Return Ticket #: _____

Contact Phone: _____

Qty	Date Code	Vendor Code & Part Number	Defective/Not Needed

Details

Do You Want: CREDIT REPLACEMENT

Why/How? _____

Procedure

Complete this form.
 E-mail or Fax to our returns department (returns@doylesecurity.com or 612-521-0166)
 Our returns department will fax or e-mail you your RGA number within 24 hours.
 Print return RGA form and include with return package.
 Please return product in original packaging along with this form.
DO NOT WRITE ON ORIGINAL RETAIL BOX.

Ship To

Doyle Security Products • 2211 West River Road N • Minneapolis, MN 55411