

**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: \_\_\_\_\_

Entered By: \_\_\_\_\_

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

**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