



RMA REQUEST FORM

UPDATED May 2015

Fax This Form To: 516-933-4911 or email to: rma@dwgdistribution.com

Customer Return Materials Authorization Request Form

Customer Details (Address will be used to return items to you)

Company: _____ Contact: _____ Account # _____

Address: _____ Phone: _____ Fax: _____

_____ Email: _____

City: _____ State: _____ Zip Code: _____

Product Details

Item	Model #	Serial #	Qty	Reason for Return of Item	Invoice #	Date

NOTE - In mutual good faith, DWG will typically waive all restocking fees associated on returns of regularly stocked, returnable items within 30 days of invoice date if replacement order is placed for double of the returned value. Product must be in new condition with all original packaging and accessories. Full store credit would be issued towards approved replacement order.

RMA Request For (Please Check One):

- DWG Ship to Manuf for Warranty Repair
 Quote for Repair or Replace (Out of Warranty Items)
- DOA New Replacement (must be within 14 days of original order and include all packaging.)
 Credit Memo (must be unopened and within 14 days of original order.) 20% Restocking Fee usually applies.

*Credit Card Details (please provide credit card information to cover shipping costs)

Credit card will not be charged if the item was purchased within 30 days. or for active accounts. There will be an additional \$25 testing and processing fee charged for items returned as defective that are deemed to be working properly. Please test first.

Use Credit Card on File: Yes No

Use Credit Card Information listed below:

Card Holder's Name: _____

Card Number: _____

Expiration Date: _____

CSC: _____