



# Return Goods Authorization

Please complete and return this form to:

Alphalite Inc.  
10715 Springdale Ave, Ste 4  
Santa Fe Springs, CA 90670  
CustomerService@Alphalite.com

\*\*\*Issued by Alphalite Inc.\*\*\*

RGA No.:

Date:

Valid Until:

Field Destroy

Hold for Courier Inspection

## CUSTOMER INFORMATION

## REPLACEMENT SHIP TO ADDRESS

Company:

Contact Name:

Address:

Phone Number:

Alphalite Rep:

Company:

Contact Name:

Address:

Phone Number:

## RETURN PRODUCT INFORMATION

Terms & Conditions should change to match our current policy as shown here:

A completed RETURN GOODS AUTHORIZATION form is required for all returns. Refunds will not be issued for returned merchandise. Alphalite offers only product replacements or a credit towards customer's account. All returns for Credit must be made within 120 days from the date of receipt of the goods. Returned merchandise must be in the original packaging and in resalable condition. Credit cannot be issued for any defective or damaged fixtures but can be replaced with new items. Defective items must still be covered under warranty to receive a replacement for all item(s) damaged during transit, Alphalite MUST be notified within 7 days of receipt and MUST receive photos of such damages to be eligible for replacement(s) at no cost. Special ordered merchandise cannot be canceled returned.

PO or Invoice No.

Model No.

Qty.

Reason for Return

<u>PO or Invoice No.</u>	<u>Model No.</u>	<u>Qty.</u>	<u>Reason for Return</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional comments:

Please indicate which you would like:

Credit

Replacement(s) for the item(s) listed above.

Replacement order #  
(If Applicable) \_\_\_\_\_

By signing, we understand that all defective material must be kept until a written and signed authorization to field destroy any or all items, is/are received.

Customer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## FOR INTERNAL USE ONLY

### Customer Service Department

### Additional Costs

Issued By: \_\_\_\_\_ Date: \_\_\_\_\_

### Approving Authority

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Restocking Fee: \_\_\_\_\_

Original Shipping Cost: \_\_\_\_\_

Responsible for the Cost of Return Shipping.

Others: \_\_\_\_\_

Credit Amount: \_\_\_\_\_

CR

NCR

NQA