

# Return Goods Authorization Request

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 Columbus, NE 68601  
 1-402-563-1502 Phone  
 1-402-564-5385 Fax  
[lorimcg@buschequipment.com](mailto:lorimcg@buschequipment.com)

Busch Equipment RGA No: \_\_\_\_\_  
 Date Assigned: \_\_\_\_\_

**IMPORTANT**

1. **15% restocking charge will apply to all returned goods.**
2. Fill out one claim form for each P.O. #.
3. Assigned RGA number must appear on all returned merchandise.
4. Return request must be made within 30 days of receiving product.

DATE: \_\_\_\_\_

DEALER: \_\_\_\_\_ COMPLETED BY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 RETAIL CUSTOMER NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**BUSCH INVOICE NUMBER:** \_\_\_\_\_ **P.O. #:** \_\_\_\_\_

**COMPANY USE ONLY**

**RETURN PARTS BY:**  
 \_\_\_ UPS  
 \_\_\_ COM. CARRIER  
 PH: \_\_\_\_\_  
 \_\_\_ COMPANY TRUCK  
 \_\_\_ OTHER

REC BY: \_\_\_\_\_  
 DATE REC: \_\_\_\_\_  
 INVENTORY:  
 YES                      NO

RETURN ITEMS		
SERIAL NO:	DATE OF PURCHASE:	DATE OF RETURN:
MODEL NO:	PART NUMBER:	
REASON FOR RETURN		
Signature: _____		

ITEMS RETURNED			COMPANY USE ONLY		
QUANTITY:	PART NO:	DESCRIPTION:	APPROVED	<b>X</b>	DENIED

ADDITIONAL COMMENTS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_