

Return Goods Authorization Request

2810 38th Street
 Columbus, NE 68601
 1-402-563-1502 Phone
 1-402-564-5385 Fax
sales@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	X	DENIED

ADDITIONAL COMMENTS
