

RMA REQUEST FORM

Updated November 2021

Please email this completed form to rma@dwgdistribution.com

Customer Return Materials Authorization Request Form

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

Company:			Contact: Phone:		Account # Fax:		
Address:							
			Email:				
City:	y:		State:	Zip Code:			
Product Details							
ltem	Model #	Serial #	Qty	Reason for Return o	of Item	Invoice #	Date
DOA New Replac	nuf for Warranty ement (must be	Repair within 14 days of	Credit M	or Repair or Replace (Ou	ed and within	14 days of	
original order and	·		_	order.) 20% Restocking mation to cover sh			
Credit card will not k	e charged if the	· : item was purcha	sed within 30	days. or for active accor hat are deemed to be v	unts. There wi	ll be an additio	
Use Credit Card o	on File: (Yes	No				
Use Credit Card I	nformation lis	sted below:					
Card Holder's Na	me:						
Card Number:							
Expiration Date:							
CSC:							
DWG •	800 Shamer D	rive, Westbury, N	/ 11590	516-933-4900	• dwad	listribution.com	<u> </u>