

RETURN GOODS AUTHORIZATION FORM

RGA # :		Date :	
Company name:		Location of items presumed defective :	
Address :			
Contact name :			
Title :			
Email :			
Phone number :			
MATERIEL TO RETURN			
Failure description :	Product description :	Qty.	
	Product code :		
Other pertinent information :			

**PLEASE TRANSMIT THE COMPLETED FORM TO ADMIN@ONLIGHT.CA.
PLEASE JOIN ANY PICTURES YOU DEEM PERTINENT TO THE EVALUATION OF THE PRODUCT. THANK YOU**

RESERVED FOR ONLIGHT	
PROCESSED BY :	DATE :
JOB # :	PRODUCTION DATE :
REPLACEMENT SENT :	TRACKING # :
DEFECTIVE ITEMS RETURNED TO ONLIGHT :	DATE :
ACTION TAKEN :	