



Request for Return Goods Authorization (RGA)

Authorization Number: _____ **Date:** _____

Distributor Information

Distributor P.O.: _____

Distributor Name: _____ **Distributor Number:** _____

Street: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____ **E-mail:** _____

Contact: _____ **Title:** _____

Agent Information

Agent Name: _____ **Agent Number:** _____

Street: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____ **E-mail:** _____

Contact: _____ **Title:** _____

Customer Information

Customer Name: _____ **Customer Number:** _____

Street: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____ **E-mail:** _____

Contact: _____ **Title:** _____

Destiny Tool Part Number: _____

Description of Tool: _____

Lot #/Approx date of purchase: _____

Reason for Return: _____

For additional items, please provide information as stated above on a separate sheet of paper and attach to this form.

Toll Free: 800-527-8665
T: 408-988-8898
F: 408-988-2606
F: 800-870-1933