

Date:



# Returned Goods Authorization Form



APE/J&M RGA request form

Brand (check ONLY one)

**APE**

**J&M**

Customer Name

Customer Contact

Street Address

City State Zip

Phone Fax

Part #	Qty	Invoice #	PO #	Unit Cost

APE and J&M standard terms and conditions apply  
Please do not combine brands; only ONE brand per form

Reason for return: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This form must be fully completed before a Return of Goods Authorization will be issued.  
Fax this form to your local Representative.

Customer Signature \_\_\_\_\_

Representative Signature \_\_\_\_\_