

# Return Goods Authorisation Form (RGAF)

Please fill out this form completely.

RGAF No

Name

Date

Company Name

Address

Post Code

Phone

Order Number

Item Received Date

## Return Details

Item Description	Item Code	Reason Code #	Invoice No

## Return Reason Codes

Record appropriate number in the Reason Code # column above.

- |                                |                                    |
|--------------------------------|------------------------------------|
| 1. Wrong quantity received     | 8. Product different from catalog. |
| 2. Wrong merchandise received. | 9. Related item not sent.          |
| 3. Purchased elsewhere.        | 10. Customer not satisfied.        |
| 4. Damaged in shipping.        | 11. Incorrect item ordered.        |
| 5. Duplicate order.            | 12. Incorrect quantity ordered.    |
| 6. Product defective.          | 13. Claim warranty                 |
| 7. Arrived late.               | 14. Other (Please specify)         |

[Upload invoice and images here](#)

**We will respond to your request within five business days**