



RETURN AUTHORIZATION FORM

Date _____

Dealer _____

Phone: _____

Fax: _____

Person Making Request: _____

model	serial#	problem description

Notes:

- 1- Fill out this form and fax to: **253-859-1179**
- 2- Please mark return Authorization (RA#) on the outside of box(es).
- 3- Any boxes without RA# will be refused.
- 4- Please return product to:
 Custom Plus Distributing
 4210 B Street NW, Suite B
 Auburn, WA
 98001-1717

For Internal CPD Use ONLY

REPAIR	EXCHANGE	CREDIT
CPD RA# _____	exchange ticket# _____	_____
Date shipped for repair/exchange _____		
Carrier/Tracking # _____		
VRA# _____		
Authorized by: _____		