



7752 Moller Rd.  
Indianapolis, IN 46268

Tel: (317) 870-5959  
Fax (317) 870-5955  
www.rego-fix.com

### Return Authorization Request

\* Required Fields

Date: \_\_\_\_\_

\* Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

\* REGO-FIX Invoice No. or Your PO No.: \_\_\_\_\_ Invoice Date: \_\_\_\_\_

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*	REGO-FIX Item Number	Return Qty	Used	
			Yes	No
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____

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

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Has a replacement order been placed?  Yes, P.O. # \_\_\_\_\_  No

**Fax this form to (317) 870-5955**  
**Customer Service will respond within 1 business day.**

You can also find this form at: <http://www.rego-fix.com/rma>