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**ASI DISTRIBUTORS  
DEALER RETURN GOODS  
AUTHORIZATION REQUEST**

*All returned parts require prior authorization from ASI*  
Call or Fax ASI for RGA Number

DATE \_\_\_\_\_ RGA # \_\_\_\_\_

DEALER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

PART NUMBER /  
DESCRIPTION \_\_\_\_\_

INVOICE # \_\_\_\_\_ COPY REQUIRED  X

REASON FOR RETURN:

PART NUMBER /  
DESCRIPTION \_\_\_\_\_

INVOICE # \_\_\_\_\_ COPY REQUIRED  X

REASON FOR RETURN:

PART NUMBER /  
DESCRIPTION \_\_\_\_\_

INVOICE # \_\_\_\_\_ COPY REQUIRED  X

REASON FOR RETURN: