



RETURN REQUEST FORM

*Please fill out this form in order accelerate the return process. Thank you.

*Attach a copy of this form with the items being returned and save one copy for yourself.

CUSTOMER INFORMATION		
Company name:		Account number:
Contact Name:		Credit P.O. number:
Phone number:		E-mail/ fax:
Address/Location:	Original P.O. Number:	Original Order number:

ORDER RETURN INFORMATION	
ITEM BEING RETURNED:	EXPLANATION FOR RETURN (Required)

Send to: R.A. Graham Co. Inc.- Attention Returns
 143 Clark Street Rochdale, MA. 01542
 Phone # 1(800) 333-3933 – Fax # 1(888) 755-6584
 E-mail: webdesk@ragraham.com