

REPAIR AUTHORIZATION REQUEST (RA)



For proper processing please fill out RA completely and return with the shipment

RA #:	Date:
Company:	
Contact Name:	
Email:	
Phone:	Fax:
PO or Order# (if known):	

PRODUCT INFORMATION

PART NUMBER	DESCRIPTION	QUANTITY	SERIAL # (If Applicable)

*Attach additional pages if returning more than 5 parts

Comments or Additional Reason for Return:

****PACK CAREFULLY TO PREVENT DAMAGE. PLACE ALL ITEMS IN CLEAN PLASTIC BAGS TO KEEP PACKAGING MATERIALS FROM CONTAMINATING PRODUCT****

PLEASE RETURN UNIT AND RA PAPERWORK TO:

SISKIYOU CORPORATION
PRODUCT RETURN DEPARTMENT
110 SW BOOTH STREET
GRANTS PASS, OR 97526-2410
TEL 1-877-313-6418 FAX 541-479-8697