



Returned Goods Request (RGR) Form

ACCOUNT INFORMATION

Company Name: _____ Telephone: () _____
 Address: _____ Fax Number: () _____
 City, State, ZIP: _____ E-mail: _____
 Contact Name: _____ Today's Date: _____
 Order # / PO #: _____

RETURNED PRODUCTS INFORMATION

Item #(s)	Quantity	Order Date	Product Description	Description of the Issue

*Please submit a **clear photograph** of the product next to the flooring with all returned goods requests*

For Office Use Only/RGR Number Issued by Returns Department Only:

RGR Number: _____ **VOID** _____ **Designated Carrier:** _____ **VOID** _____