

Parallax Warranty RGA Request Form

Date:

RGA #: *Assigned by Parallax*

Billing Information

Name:

Billing Address 1:

Billing Address 2:

Billing City:

Billing State:

Billing ZIP:

Contact Information

Contact Name:

Contact Phone Number:

Contact Email:

Customer Name:

Comments:

Customer's coach is repaired (send in part for evaluation) _____

Customer's coach is waiting on part for repair (send part in for evaluation / EXPEDITE) _____

Send replacement immediately (you will need to fill out and sign PPS credit card authorization form) _____

Credit my account (for OEMs and Parallax distributors only) _____

Shipping Information

Shipping Name:

Shipping Address1:

Shipping Address2:

Shipping City:

Shipping State:

Shipping ZIP:

Product / Repair Information

Repair Reference Number: *Assigned by Dealer*

Product Model Number:

Quantity:

Product Serial Number:

Product Purchased From:

Purchase Date:

Reason for Return: