

## **Return Authorization**

**SYSTEMS ASSOCIATES, INC.** / 1932 Industrial Drive / Libertyville, Illinois 60048 / **(847) 367-6650** / FAX: (847) 367-6960

RA#	
<u>_</u>	Your initials plus the Date (ie: SJB-041901)
From:	
	Company (on l. l l N
Contact:	Company (and dealer) Name
Dh an a -	Name of Person to Contact with Questions
Phone:	
	Phone Number of Person to Contact with Questions
Email:	
	Email Address of Person to Contact with Questions
Equipment:	
	Describe Equipment Being Returned
Problem:	
	Describe the Problem with the Equipment
<b>Disposition:</b>	
	What is to happen with these parts when the repair is Completed
Comments:	
	Add any Comments for our Technicians
On Arrival Notify:	
	Let us know if someone should be contacted when the Parts Arrive