

## **Request for Return Authorization**

Name:		Fax:	
Company:  Date:  Solberg Order #:			
			Purchase Order #:
		Return Procedures	
<ol> <li>Fill out the form below and email to number (RA#).</li> <li>Insert copy of completed RA form in</li> </ol>		approves this request, we will issue you a Return Authorization	
		/pes of handling damage, whether due to improper packaging	
during return transit or handling da	mage which may have occurred du	ring installation or handling.	
4. Return units using the same carrier	or similar as received.		
5. Standard restocking charges are a n			
		ucts (specials) will be reviewed for eligibility.	
7. RA# is valid for 90 days after Solber	g processes your request to return	an item.	
Solberg Part Number	Quantity	Description	
		•	
Reason for Return (Be specific and	l attach additional sheets if neco	essary)	
Customer Health and Safety Re Have the return goods ever been expo		ous chemical and/or materials? YES NO	
If Customer response above is "YES":			
A. Customer must indicate whether su	uch chemical and/or material were	(Check all that applies):	
Toxic Materials	Corrosive Materials	Carcinogen	
Oxidizer	Radioactive Materials	Biological/Infectious Substances	
Flammable/Combustible Materials			
Used in the Semiconductor Copper pr	ocess? YES NO		
	A form the MSDS for each such toxic	n exposure. c, hazardous or dangerous chemical and/or material. ninated and made safe to handle before they are returned to Solberg.	
The undersigned Customer certifies to all return goods have been properly a		ovided in or with the RA form is true and complete and (B) nated and made safe to handle.	
Signature			
For Solberg Use Only			

**Ship To:** Solberg Manufacturing Inc.

Returns Dept. 1151 Ardmore Ave. Itasca, IL 60143 USA Sales/Service: 630.773.1363 sales@solbergmfg.com ISO 9001-2015 Certified Effective Date: 01/16/09

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