

RETURNED GOODS AUTHORIZATION (RGA) FORM



FORM NO: MCR-C-0001-5
 ISSUE DATE: February 2, 2016

P.O. NUMBER _____
 DATE REC'D: _____

INVOICE TO:

DIST/CUST. NO. _____

DISTRIBUTOR _____

ADDRESS-1 _____

ADDRESS-2 _____

CITY _____

STATE / PROV _____

POSTAL CODE _____

COUNTRY _____

CONTACT _____

PHONE _____

FAX _____

e-mail _____

RETURN CLASSIFICATION:

REPAIR

EXCHANGE/ROTABLE PROGRAM

Use UPS Early AM for expedited repairs.

Phone: 716-684-7191 for shipping verification.
 Phone: 716-687-4949 for all other inquiries.

Please do not use styrofoam peanuts for packaging.

SHIP TO:

CUSTOMER _____

ADDRESS-1 _____

ADDRESS-2 _____

CITY _____

STATE / PROV _____

POSTAL CODE _____

COUNTRY _____

ATTN _____

CONTACT _____

SHIP VIA _____

ACCT. NO. _____

SPECIAL INSTRUCTIONS							QTY	MOOG PART NO.	SERIAL NO.	DETAILED REASON FOR RETURN OR WARRANTY CLAIM
E1	E2	I	W	PB	PC	X				
										<p style="color: red; text-align: center;">Check here if order includes a special agreement. Please provide details below:</p>

SPECIAL INSTRUCTION CODES: E1 = SAME DAY EXPEDITE, E2 = 24/48 HR EXPEDITE, I = INSPECT ONLY, W= WARRANTY REVIEW REQUEST / INSPECT ONLY
 PB = PREAUTHORIZED TO "B LEVEL" PC = PREAUTHORIZE TO "C-LEVEL", X = NUCLEAR

Return Address: Moog Inc., Industrial Group, 300 Jamison Road, Building 11D, Elma, NY 14059
 Attn: Repair Service

