



RGA # \_\_\_\_\_

Return Authorization Form: You must obtain a return authorization number by calling our Summit Bodyworks Representative before any return can be processed.

Send Returns to:  
 Summit Bodyworks  
 6691 Colorado Blvd.  
 Commerce City, CO 80022  
 Phone 303-301-7550 Fax 303-288-2847

Customer Information (please fill out completely)

Name	
Address	
City	State Zip
Phone Number	Fax Number
Email Address	

Return Information

Qty	Part Number	Description	Invoice Number	Reason Code

Reason Code

1. Broken      2. Damaged      3. Parts Missing      4. Wrong size/color      5. Not my order      6. Other

Action Requested  Exchange  Refund

If ordering additional products or exchange please fill in below

Quantity	Part Number	Description	Amount

Credit card used for original transaction and/or additional products

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Customer Signature \_\_\_\_\_

If you return a product for exchange, you are responsible to pay the return shipping costs as well as the new shipping costs to reship the new product. You are responsible for insuring items for return. We will not be responsible for lost or damaged items. I understand that if my product is not returned in the original packing I will be denied credit or exchange. In addition, I understand that if the product has been used it cannot be returned. I understand that my shipping and handling charge will not be refunded, unless otherwise stated. I have read and understand the terms and conditions above.

Customer Signature \_\_\_\_\_

Date \_\_\_\_\_

Please enclose a copy of this form with your returned product

Customer Comments