



## Return Goods Authorization Form

CONTRACTOR INFORMATION			
Company:			
Street Address:			
City, State & Zip Code:			
Phone Number:			
Technician Name:			
HOMEOWNER INFORMATION			
Name:			
Street Address:			
City, State & Zip Code:			
Phone Number:			
FAILED UNIT / FAILED PART INFORMATION			
Brand Name:			
Model Number:			
Serial Number:		Date Code:	
Installation Date:			
Failure Date:			
Failed Part # (if applicable):			
Replacement Part # (if applicable):			
Failure Reason:	<i>Be as specific as possible – Non-specific reasons such as “Defective” or “Broken” may result in a manufacturer’s rejection of the warranty claim.</i>		
"MATCHED" UNIT INFORMATION (if applicable)			
Brand Name:			
Model Number:			
Serial Number:		Date Code:	
REPLACEMENT UNIT INFORMATION (if applicable)			
Brand Name:			
Model Number:			
Serial Number:		Date Code:	

\*Please fill out as completely as possible and return to APR or give to your salesman\*

THANK YOU!!!