

Office: (615) 355-6063  
Website: www.betterwater.com

# Better Water

## RGA Request Form

Fax to: (615) 355-6065  
Email to: CustomerService@betterwater.com

**INSTRUCTIONS:**

1. This form is for returning items only. Replacement items must be ordered separately.
2. Complete and submit form for processing. Email to [customerservice@betterwater.com](mailto:customerservice@betterwater.com) or fax to (615) 355-6065.  
- Once this form is received it will processed, and a RGA Number authorizing the item's return will be generated, if warranted, and sent to you via email or fax.
3. Do not return item without receiving a RGA Number authorizing its return.
4. Return of item does not guarantee any credit or warranty replacement. Returned items will be evaluated
5. Returned items may be subject to a "restocking fee".

<b>CONTACT INFO:</b> <i>(for questions and return authorization)</i>  Name _____  Phone (____) _____ Ext _____  Cell (____) _____  Fax (____) _____  Email _____	<b>ORIGINAL SALE SHIP TO:</b>  Name _____  Address _____  Address _____  City _____ St _____ Zip code _____  <b>SALE INFO for Item Returning:</b> <i>(If item was an original component of equipment, then enter the sale information for the equipment)</i>  PO Number _____  PO Date _____  Date Received _____
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Item Id _____ Desc. _____ Qty _____ Unit of Measure _____
Serial# of Item <i>(if applicable)</i> _____
Check one: <input type="checkbox"/> Ordered Wrong Item <input type="checkbox"/> Given Wrong Part# <input type="checkbox"/> Damaged in Shipping <input type="checkbox"/> Problem with Item
- If damaged in shipping ...was it noticed and reported to the delivery service upon delivery? <input type="checkbox"/> YES <input type="checkbox"/> NO ...was packaging kept to show to delivery service if it had obvious damage? <input type="checkbox"/> YES <input type="checkbox"/> NO ...email picture(s) of damaged item to <a href="mailto:customerservice@betterwater.com">customerservice@betterwater.com</a>
Detailed Reason for Return of this Item _____
_____

Was the item an original component of a piece of equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO
If not an original component, was the item installed into a piece of equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO
- If YES for either of the above two questions, what device was it installed into?
Device Description _____ Device Serial# _____

Have you ordered a replacement item? <input type="checkbox"/> YES <input type="checkbox"/> NO
- If YES, Better Water Order# _____ Purchase Order# _____ Order Date _____