



**RGA Request Form**

315 W La Cadena Dr.  
 Riverside, CA 92501  
**Phone:** (888) 822-5824  
**FAX:** (877) 868-8663

***RGA PROCEDURES***

1. For prompt returns please provide the **complete RGA request form**.
2. Do not send back product without a valid RGA Number
3. E-mail or FAX this complete RGA form with a copy of the original purchase invoice to [shaun@tckitchencenter.net](mailto:shaun@tckitchencenter.net) or (888) 822-5824
4. The RGA Dept. will FAX back to you a RGA number within **24 hrs** or provide a reason for RGA denial.
5. After you receive a RGA number, then you may return your defective products to KITCHEN CENTER.
6. Put the RGA# on side of the box.

**Complete this form and FAX/ E-MAIL it to the RGA Dept. WITH a copy of your purchase INVOICE**

Company \_\_\_\_\_ Customer ID \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person \_\_\_\_\_

For RGA Use Only
RGA # _____
Issue Date _____
TOTAL QTY _____

--

QTY	DATE	ITEM NUMBER	SERIAL NUMBER	INVOICE #	PROBLEM DESCRIPTION	PICK UP SIGNATURE

**IT'S THE CUSTOMER'S RESPONSIBILITY TO CALL THE RGA DEPT. IF NO RESPONSE WAS RECEIVED AFTER 24 HOURS OF FAXING THIS FORM TO KITCHEN CENTER.**