

RETURN AUTHORIZATION FORM

FROM: _____
Phone: _____
Fax: _____
Email: _____
Address: _____

(Company information)

TO: KEES GAGE
Tel: 1 203 754 2159
Tel: 1 888 977 1378
Fax: 1 203 579 8906
E-mail sales@keesgage.com

CUSTOMER PO: _____
SIZE: _____
CLASS: _____
DIRECTION OF TOLERANCE: _____

RING CONDITIONS

- NEW
- USED

CUSTOMER READINGS:

Measurement	O Value	Measurement	90 Value
Top		Top	
Middle		Middle	
Bottom		Bottom	

Gage ID _____
Date shipped _____
Inspected by _____

REASON FOR RETURN

- DAMAGED
- OUT OF TOLERANCE

NOTE

Signature _____ **date** _____