



RMA Information: Defective

Company Name _____ Date _____

Contact Name _____ Phone Number _____ Ext _____

Email Address _____

Pickup Address: _____ Please Specify special pickup needs if applicable (E.G. Lift Gate service, Notify before, inside pickup)

Pickup hours _____

Please list each defective (If more than 6 defectives please contact your salesperson)

Types of Cylinders Returning. (Example: "R-134a 30lb cylinder")	Valve Problem?	Amount in cylinder Approx.	Brand on Box	Seal intact?
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

PO or A-Gas Americas Order Number _____

Briefly describe the reason for Return

Once finished please save this form and attach the pictures you've taken, then submit all items by email to cylinderreturns.us@agas.com

