



Send Material to:
645 Davisville Road
Willow Grove, PA 19090
Ph: 215-443-5252 Fax: 215-443-7513

Request for Return Authorization (RA) Quote

- RA NUMBER WILL NOT BE ISSUED UNTIL THIS FORM IS COMPLETED AND EMAILED TO SCHEERER •
- Note: SHIPMENT MUST BE TAGGED WITH RA #, IF NOT MARKED THE PACKAGE WILL BE REFUSED •
- SCHEERER IS NOT LIABLE FOR IMPROPERLY MARKED SHIPMENTS •

(Type) - (Identification DDMMYY) - (Number)

*RA No: _____ - _____ - _____

*Date: _____

RA Number will be assigned by Scheerer Bearing

Types: RW (Rework), RP (Repair), M (Modification), E (Failure Analysis), I (Return Inventory)

Customer Contact Information:

*Customer: _____ *Contact Person: _____

*Return Address: _____

Billing Address: (If different than above) _____

*Phone: _____ Fax: _____ *Email: _____

Bearing Application and Description Information:

*Type of Application: _____ Equipment/ Model: _____

Rotation: Continuous Intermittent Max RPM: _____ Max. Temp _____ Min. Temp _____

*Bearing Type: Ball Bearing Cylindrical Roller Bearing Taper Roller Bearing

Other: _____

*Part Number: _____ *Bearing Manufacturer: _____ *Quantity: _____

Bearing Dimensions – Inches / mm :

ID (Bore): _____ OD: _____ Inner Race Width: _____ Outer Race Width: _____

Has bearing been previously repaired or re-conditioned? Yes No Unknown

*If no PO is Issued Scheerer should: Return to Sender Scrap All Parts Other: _____

If Return to Sender or Other: Carrier: _____ Acct #: _____

Return to Inventory Information: (To be completed by Scheerer Bearing personnel)

Reason for Return: _____

Financial Disposition: _____

Salesperson: _____

Form #: S-00001 Rev: C