# DDG Return Request

| | | |
|---|---|---|
| First Name: | | Last Name: |
| Business Name: | | Account Number: |
| Street Address: | | |
| City: | State: | Zip Code: |
| Phone Number: | Email Address: | Preferred Contact Method: |

| | |
|---|---|
| Sales Order/Invoice Number: | Date of Purchase: |
| SKU #'s & Quantity: | |
| Reason for Return: | |
| Notes/Comments: | |

| DDG Claims Contacts |
|---|
| Email: DDG-Claims@dextergroup.com |
| Phone: 903-285-6844 |
| Text: 903-623-6285 |

Thank you for choosing Dexter