



## RMA REQUEST FORM

DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

Please complete this form and return via fax to TTA/C. A Return Authorization Number (RMA) for merchandise will be faxed or emailed back to you. **Any products being returned without an RMA, will be rejected and returned to the customer via freight collect. All RMA's are subject to a 20% restocking fee. All products being returned MUST be shipped freight pre-paid.**

TTA/C Part Number: \_\_\_\_\_ qty \_\_\_\_\_  
Description of Problem: \_\_\_\_\_  
TTA/C Invoice No: \_\_\_\_\_

TTA/C Part Number: \_\_\_\_\_ qty \_\_\_\_\_  
Description of Problem: \_\_\_\_\_  
TTA/C Invoice No: \_\_\_\_\_

TTA/C Part Number: \_\_\_\_\_ qty \_\_\_\_\_  
Description of Problem: \_\_\_\_\_  
TTA/C Invoice No: \_\_\_\_\_

TTA/C Part Number: \_\_\_\_\_ qty \_\_\_\_\_  
Description of Problem: \_\_\_\_\_  
TTA/C Invoice No: \_\_\_\_\_

TTA/C Part Number: \_\_\_\_\_ qty \_\_\_\_\_  
Description of Problem: \_\_\_\_\_  
TTA/C Invoice No: \_\_\_\_\_

TTA/C Part Number: \_\_\_\_\_ qty \_\_\_\_\_  
Description of Problem: \_\_\_\_\_  
TTA/C Invoice No: \_\_\_\_\_

E-mail Address or FAX number: \_\_\_\_\_

6/24/2008