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TIL01007



Telma Product Return Form

THIS FORM MUST BE INCLUDED AS PACKING SLIP IN ALL RETURNED PRODUCT

Shipment Information

SHIP DATE: _____ INCIDENT # _____
 (From Incident Report, if applicable)
 Write Incident # on outside of box

OF PIECES: _____ WEIGHT: _____

✓ SHIPMENTS UNDER 50 LBS MUST BE SENT BACK VIA **UPS GROUND**
 ✓ SHIPMENTS OVER 50 LBS PLEASE CONTACT TELMA TO SCHEDULE PICK-UP

HANDLING UNITS: _____ DOCK HOURS: _____

Charges may be incurred by misrepresentation (weight, # of pieces) or unavailability of freight for pick-up.

Returned Item Information DATE OF FAILURE _____
 (From Incident Report, if applicable)

ITEM P/N: _____ LAST 8 OF CHASSIS VIN: _____

WARRANTY?: _____ Yes _____ No RMA? Yes-RMA# _____ No: _____

NEW DEFECTIVE?: _____ Yes _____ No

✓ CHASSIS VIN AND INCIDENT # ARE REQUIRED FOR WARRANTY RETURNS (EXCLUDING NEW DEFECTIVE)

Pick-Up Location

COMPANY NAME: _____ RETURNING COMPANY IS END USER?
 Yes _____ No _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____

PHONE: _____ - _____ - _____

FAX: _____ - _____ - _____

EMAIL: _____ @ _____ . _____