



ATD Return Good Authorization



ATD Warehouse

ATD Vendor

Member Name / Location: _____

Contact Name: _____

Credit

Replacement

Repair

Other

All information below must be complete for authorization

QTY	Part Number	Date of purchase	Original PO#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Problem Description: _____

Please note: "Defective" or "Doesn't work" is NOT a valid reason for return.

Forms with these descriptions will be rejected.

Please list a complete problem description, with as much detail as you can.

Below is for ATD use only - do not attempt to fill this portion out

RETURN PRODUCT TO:

RG#: _____

Date: _____

Issued By: _____

Special Notes: _____

NOTE: All items are subject to Credit or replacement **UPON INSPECTION** only.

If a product has been abused, misused or is otherwise not defective

no credit will be issued or replacement will be sent.

For ATD Warehouse products, your 3% defect allowance will be charged back to you.

Date credit issued: _____

Credit Memo#: _____

Date replacement sent: _____

PKL# _____