



ATD Defective Return Authorization (DRA)

For Defective ATD Warehouse Items Only



Member Name / Location: _____

Contact Name: _____

Credit ___ Replacement ___

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.

Return to: ATD Tools, Inc
160 Enterprise Drive
Wentzville, MO. 63385

Phone: 636-327-9050 x215

Fax: 636-327-9044

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

DRA#: _____
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.
Your 3% defect allowance will be charged back to you.*

Date credit issued: _____
Credit Memo#: _____
Date replacement sent: _____
PKL# _____