

# RGAs Request for Members of ATD Tools

*Form MUST be complete and LEGIBLE in order to be PROCESSED!!!*

Date: \_\_\_\_\_

## Member Information

To be completed by member and FAXED or E-MAILED to ATD

Member AND branch requesting RGA: \_\_\_\_\_

Vendor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATD Invoice# \_\_\_\_\_  
Original PO# \_\_\_\_\_

Check ONE option:                      Credit     Replacement     Repair

Items Requesting RGA:

QTY	ATD#	QTY	ATD#	QTY	ATD#
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Reason for RGA Request: \_\_\_\_\_

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## Vendor Authorization

To be completed by vendor and FAXED or E-MAILED to ATD

RGAs#, DATE AUTHORIZED, SIGNATURE, PRINTED NAME, AND PHONE NUMBER OF PERSON AUTHORIZING RGA REQUESTED!!!

Credit or replacement will be provided within 30 days of returned merchandise

RGAs# \_\_\_\_\_

Date Authorized: \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone# of person authorizing return: \_\_\_\_\_

RETURN PRODUCT TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CREDITS ARE TO BE ISSUED TO:

ATD TOOLS INC.  
160 ENTERPRISE DRIVE  
WENTZVILLE, MO, 63385  
Phone: 636-327-9050  
Fax: 636-327-9044

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## ATD INFORMATION

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