

RETURN AUTHORIZATION FORM

TEMPEST

Fighting for performance

Instructions

1. Fill out this form in its entirety. **Only standard goods or parts are returnable.**
2. E-mail form to response@tempest.us.com or fax to 559.277.7579. Returns of up to two separate products from the same order can be requested with this form. **Requests must be made within 30 calendar days of date of shipment.**
3. **Return the Goods within five calendar days of approval and receipt of an RA number from Tempest.** All returns must include approved RA form, Goods in original packaging with RA number on box(-es), complete documentation (manuals, warranty card, etc.), and description of the problem. For shipping damage, the Bill of Lading is also needed.
4. Ship the Goods to: Tempest Technology Corp., 4708 N. Blythe Ave., Fresno, CA 93722

NOTE: Return Authorizations expire 60 calendar days from date of approval.

Customer Information

Contact Person: _____ Company Name: _____

Company Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Ship To Address: _____ City: _____ State: _____ Zip: _____

Dealer Item(s) purchased from: _____ Date Item(s) received: _____

Invoice No.: _____ Purchase Order No.: _____

Return Item(s) Information

** 20% restocking fee & freight charges will apply*

Item Number: _____ Qty. Returned: _____ Serial Number (if applicable): _____

Description:

- | | | |
|---|---|--|
| <input type="checkbox"/> Repair/Replace - Shipping damage | <input type="checkbox"/> Repair/Replace - Defective product | <input type="checkbox"/> Repair/Replace - Warranty |
| <input type="checkbox"/> Replace - Not shipped as ordered | <input type="checkbox"/> *Replace - Customer ordered wrong part | <input type="checkbox"/> *Return - Customer did not order part |
| <input type="checkbox"/> *Other | | |

Item Number: _____ Qty. Returned: _____ Serial Number (if applicable): _____

Description:

- | | | |
|---|---|---|
| <input type="checkbox"/> Repair/Replace - Shipping damage | <input type="checkbox"/> Repair/Replace - Defective product | <input type="checkbox"/> Repair/Replace - Warranty |
| <input type="checkbox"/> Replace - Not shipped as ordered | <input type="checkbox"/> *Replace - Customer Ordered wrong part | <input type="checkbox"/> Return - Customer did not order part |
| <input type="checkbox"/> *Other | | |

Customer Signature: _____ Date: _____

Disclaimer: Customer is responsible for return freight and repackaging as necessary. Improper packaging or freight method may result in loss of Return Authorization.

Please do not write below this line - for Tempest use only.

Request Approved - RA #: _____ Date: _____ Approved By: _____

Request Declined - Reason: _____

TEMPEST TECHNOLOGY CORP.

4708 N. Blythe Ave.
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U.S.A

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Toll free : 800.346.2143

A LEADER GROUP COMPANY