



Smart Photoelectric Solutions Since 1954

RETURN AUTHORIZATION FORM

P.O. Box 25135
Tampa, FL 33622-5135
Ph: 800-237-0946 • 813-886-4000
Fax: 800-375-8861 • 813-884-8818

*RA # _____
RA Issue Date: _____

***This RA expires 30 days after the RA Issue Date above**

Please follow the instructions below:

1. Fill out this form completely.
2. Place a copy of this form in the package with the merchandise being returned.
3. Keep a copy of this form for your records.
4. Write the RA # issued by Tri-Tronics Co. on the outside of your package.
5. All material must be properly packed and shipped prepaid. No COD shipments will be accepted.

***Note: Depending on the nature of your return, a minimum 10% restocking fee may apply.**

Name: _____

Company: _____

Address: _____

City: _____ ST _____ Zip _____

Phone: _____ Fax: _____

Email: _____

Item # _____ Item Description _____

Item # _____ Item Description _____

Item # _____ Item Description _____

Item # _____ Item Description _____

Item # _____ Item Description _____

➤ Reason for Return? Choose Below.

Wrong Item Recvd Wrong Qty. Recvd Wrong Part Ordered Other

Defective in Box: Explain: _____

Replacement Order Shipping Charges - Choose one payment option:

Bill my CC # _____

Bill my UPS Acct# _____

Bill my FedEx Acct# _____

Please cut and use this label to ship your merchandise:



RETURN MERCHANDISE TO:

Tri-Tronics Co. Inc.
Attn: Receiving Dept.
RA#: _____ (Your RA#)
7705 Cheri Ct.
Tampa, FL 33634-2419