**ATD Defective Return Authorization (DRA)**

*For Defective ATD Warehouse Items Only*

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**Member Name / Location:**

**Contact Name:**

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Credit ____ Replacement ____

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All information below must be complete for authorization

<table>
<thead>
<tr>
<th>QTY</th>
<th>Part Number</th>
<th>Date of purchase</th>
<th>Original PO#</th>
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</table>

Problem Description:

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**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.

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

Phone: 636-327-9050 x215  
Fax: 636-327-9044

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

**DRA#:**

Date: __________________

Issued By: __________________

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**Special Notes:**

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**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.*

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Date credit issued: __________________

Credit Memo#: __________________

Date replacement sent: __________________

PKL# __________________