RGA 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:

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Reason for RGA Request: _______________________________________________________________________
___________________________________________________________________________________________

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Vendor Authorization
To be completed by vendor and FAXED or E-MAILED to ATD
RGA#, DATE AUTHORIZED, SIGNATURE, PRINTED NAME, AND PHONE NUMBER OF PERSON
AUTHORIZING RGA REQUIRED!!!

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

RGA# ____________________________  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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