



RETURN AUTHORIZATION

Return To:

Tri Star CNC Services, LLC

4146 W. Orleans Street

McHenry, IL 60050

sales@tristarcnc.com

Phone: 815.578.9145

Fax: 815.578.9153

| | |
|--------------------|--|
| Part Number: | |
| Description: | |
| Quantity: | |
| Serial Number (s): | |

Customer Information:

| | | | |
|-------------------------|--|----------------------------------|-------------|
| Company Name: | | | |
| Ship to Address: | | | |
| City, State, Zip Code: | | | |
| Company Name: | | | |
| Bill to Address: | | | |
| City, State, Zip Code: | | | |
| Contact Name | | Phone Number & ext: | Fax Number: |
| Email address: | | Reference or Requisition Number: | |

| Reason for Return | | | |
|-----------------------------|--------------------------|----------------------------|--------------------------|
| Emergency Repair and return | <input type="checkbox"/> | Details: | |
| Test & Evaluation | <input type="checkbox"/> | Standard Repair and return | <input type="checkbox"/> |
| | | Other | <input type="checkbox"/> |

| Problem Description | | |
|---------------------|--------------------------|----------------------|
| Constant | <input type="checkbox"/> | Intermittent Problem |
| | | Frequency of Failure |
| Alarm Number or LED | | |

| Special Instructions: |
|-----------------------|
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