RETURN AUTOHORIZATION REQUEST

DELTA CONSOLIDATED INDUSTRIES, INC.
4800 KRUEGER DRIVE
JONESBORO, AR 72401

TO: Sheryl Benedict
FAX: (877) 356-1887
EMAIL sheryl.benedict@apextoolgroup.com
TELE: (800) 643-0084 press 2

** *PLEASE PROVIDE PHOTOS BY EMAIL OF PRODUCT*
** *PROVIDING PHOTOS WILL INSURE TIMELY PROCESSING OF YOUR CLAIM*

FROM: PHONE# FAX#

ADDRESS

CITY/STATE/ZIP REF#

PURCHASED THROUGH _____

QTY	MODEL#	PRODUCTION DATE	PRODUCT SERIAL# (AFTER 6/2008)	CHECK NEW	CHECK USED	Y/N DOES UNIT FUNCTION	Y/N IS UNIT SELLABLE	DESCRIPTION OF ISSUE

** *SUBMITTED BY:* _____ *DATE:* _____

DELTA WILL NOTIFY ABOVE CONTACT NAME WITH AN AUTHORIZATION AND DISPOSITION FOR PRODUCT LISTED ABOVE. ALL INFORMATION MUST BE COMPLETED IN ORDER TO RECEIVE AUTHORIZATION PLEASE REFERENCE AUTHORIZATION NUMBER ON ANY FUTURE CORRESPONDENCE. THANK YOU FOR YOUR COOPERATION.

RETURN TO:
DELTA CONSOLIDATED IND
4800 KRUEGER DRIVE
JONESBORO, AR 72401

Please indicate Credit or Replacement

Credit _____ Replacement _____ RMA# _____
RMA # MUST BE ON THE SHIPMENT

FIELD DESTROY _____ CLAIM DENIED _____

SERIAL NUMBER MUST BE PROVIDED.
ITEMS MUST BE RETURNED WITH 30 DAYS FOR CREDIT TO BE ISSUED
MATERIAL MUST HAVE PROTECTIVE OUTER PACKAGING OR ORIGINAL CARTON!

SHIP VIA: _____
SHIP DATE & TIME: _____

MATERIAL RETURNED WITHOUT AN RMA WILL BE REFUSED AND RETURNED TO THE SHIPPER

**** *AFTER 30 DAYS THE RMA WILL NOT BE VALID* ***