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TL101007

Telma Product Return Form

THIS FORM MUST BE INCLUDED AS PACKING SLIP IN ALL RETURNED PRODUCT

Shipment Information

SHIP DATE: _____ INCIDENT ID # _____
(From Online Incident Report)

OF PIECES: _____ WEIGHT: _____

- ✓ SHIPMENTS UNDER 50 LBS MUST BE SENT BACK VIA **UPS GROUND**
- ✓ SHIPMENTS OVER 50 LBS PLEASE CONTACT TELMA TO SCHEDULE PICK-UP
- ✓ **WRITE INCIDENT ID # IN BOLD MARKER ON OUTSIDE OF SHIPPING BOX**

HANDLING UNITS: _____ DOCK HOURS: _____

Charges may be incurred by misrepresentation weight, # of pieces or unavailability of freight for pick-up.

Returned Item Information DATE OF FAILURE _____
(From Incident Report, if applicable)

ITEM P/N: _____ LAST 8 OF CHASSIS VIN: _____

WARRANTY?: _____ Yes _____ No RMA? Yes-RMA# _____ No: _____

NEW DEFECTIVE?: _____ Yes _____ No

- ✓ **CHASSIS VIN AND INCIDENT # ARE REQUIRED FOR WARRANTY RETURNS (EXCLUDING NEW DEFECTIVE)**

Pick-Up Location

COMPANY NAME: _____ RETURNING COMPANY IS END USER?
 ADDRESS: _____ Yes _____ No _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____

PHONE: _____ - _____ - _____

FAX: _____ - _____ - _____

EMAIL: _____ @ _____ . _____

(Freight Bill Of Lading (BOL) will be sent to this E-mail address, if applicable)