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**TL101007**

# Telma Product Return Form

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

**Shipment Information**

DATE WHEN READY FOR PICKUP: \_\_\_\_\_ **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: \_\_\_\_\_ TIMES AVAILABLE FOR PICKUP (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?  
Yes \_\_\_\_\_ No \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

FAX: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EMAIL: \_\_\_\_\_

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