

TXC Technologies LLC

Return Authorization Request Form

RA # _____ (Office Use Only)

Phone: 281-338-4400

Fax: 281-338-4402

Email: service@txctech.com

Website: www.txctech.com

Return Authorization Request

Name: _____ Date: _____

Phone: _____ Cell: _____ Email: _____

Company Name: _____

Order/PO Number: _____ Invoice Number: _____

Item Part number(s): _____

Item Name(s): _____

Detailed Reason for Return:

Action Requested:

Return

Refund

Replacement

List All Serial Numbers:

Signature: _____ Date: _____

Name: _____

Note: All product returns must be processed with a return authorization number (RA#) and are subject to a restocking fee up to 20%. All Returns must be 100% complete, contain all original boxes, and packing material.