



483 Heartland Drive • Unit F • Sugar Grove, IL 60554
(800) TUSKIN-1 • (630) 466-5590 • Fax (630) 466-5590
www.tuskin.com

RETURN AUTHORIZATION FORM

Requestor Name: _____
Phone/Email: _____
Company: _____
Shipping Address: _____

Model: _____
Serial Number: _____

To be completed by Tuskin
RMA#: _____
Issue Date: _____
Good Through: _____
Approved by: _____

Return Type: Warranty Repair Evaluation* Replacement Credit** Other

* Standard Repair Evaluation charge of 1/2 hour Labor fee (waived with repair approval)
** 20% Restocking Fee is charged on all returned merchandise

Return Description: _____

Contact for Repair Approval (if different than Requestor):
Name: _____ Phone/Email: _____

To ensure prompt processing of your request, this Return Authorization form must accompany your shipment.

Ship to: Tuskin Equipment Corporation
483 Heartland Dr., Unit F
Sugar Grove, IL 60554
ATTN: Returns Department

All shipments must be freight prepaid. Collect shipments will be REFUSED.