



Return Authorization Form PTC, INC.

Address: _____

Phone Number : _____

Fax Number : _____

Date Purchased _____

Date of Return: _____

Invoice#	Qty	Part Number	Description	Unit Price	Ext.Price

Reason For Return : _____

Returns and Refusals

All returns must be made within thirty days of purchase. No return will be accepted without a return Authorization number clearly marked on the outside of all packages. Returns must be in a saleable condition and accompanied by a copy of the original invoice. All returned and refused merchandise is subject to a 15% restocking and handling charge plus freight.

To receive a return authorization number this form must be signed, dated and returned to us by fax or email. Once we received this request, we will issue the return authorization number.

Name : _____

Signature : _____

Date : _____