

Instructions For Return Goods Application

1. Complete the Return Goods Application.
2. Fax it back to the number in the upper right hand corner of the Return Goods Application.
3. Wait to receive a return fax from Mr. Mike Carlone (P. 626-810-4337 ext. 103) with your Return Authorization number.
4. Mail your package with a copy of your Return Goods Application and keep a copy for your records. The mailing address is in the upper right hand corner of the Return Goods Application.
5. Once Mr. Mike Carlone receives your package for return, you will receive a fax with an estimate for repair, warranty exchange or return credit.
6. Please be sure to include your original Purchase Order number and invoice number or the Return Goods Application will not be processed.

Thank You

Mr. Mike Carlone
Technical Support / Repair Manager
P. 626-810-4337 ext. 103
mcarlone@tpcdental.com



18525 E. Gale Avenue
 City Of Industry, CA. 91748
 Tel: (626) 810-4337
 Fax: (626) 810-4245
mcarlone@tpcdental.com

RA Number:

Return Goods Application

Date		Customer Number		Contact Name	
Customer Name:					
Address:					
TEL			FAX		
Original PO Number:			Invoice Number:		
Used if items being returned for service, credit or exchange.			This number is on your original sales order or packing slip.		
NO.	Qty	Model / Part Number	Description	Serial Number	Request
1					<input type="checkbox"/> Warranty <input type="checkbox"/> Estimate <input type="checkbox"/> Return
2					<input type="checkbox"/> Warranty <input type="checkbox"/> Estimate <input type="checkbox"/> Return
3					<input type="checkbox"/> Warranty <input type="checkbox"/> Estimate <input type="checkbox"/> Return
Cause of Problem or Drawing:					

(Factory Use Only)

Receiving Date		Receiver	
Delivered By		Tracking Number back.	
<u>Evaluation</u>			
<u>Correction</u>			
<u>Replacement Part Number</u>	<u>Description</u>	<u>Price</u>	
Ok to Repair			Labor
Yes			
No			Total