

Your authorization number :

Return authorization



Issue date :
Company :
Contact :
Telephone :
Fax :

Issued by :
E-mail :
Territory rep. :
Territory :

Non-conformance :
Treatment of return :
Comments :

Model : **Serial number :** **Order no :** **PO :** **Invoice no :** **Fee :**

Additional instructions :

IMPORTANT :

Before shipping you must make sure the transformer is in good condition (ref. re-stocking new transformer). **THE ORIGINAL FRONT PANEL WITH NAMEPLATE MUST BE RETURNED WITH ANY DEFECTIVE UNIT.** The return fees indicated above are for new transformers. All additional costs will be added after the inspection. Your credit will be issued only after complete inspection and agreement of additional or applicable fees are finalised. **MERCHANDISE WILL BE REFUSED AND RETURNED AT YOUR EXPENSE IF RETURN PROCEDURES ARE NOT FOLLOWED.**

Return to : Delta Transformers Inc.
795 Industriel Boul.
Granby, PQ
J2G 9A1
Tel.: 450-449-9774 1-800-663-3582
Fax : 450-449-1349 1-877-449-9115

Carrier :

Mandatory signature :

I, undersigned, _____ accept the return authorization conditions mentioned above.
Return this document by fax to 450-449-1349 or toll-free to 1-877-449-9115.

Signature : _____ Date : _____

Note :