

Return this form with parts.

Ship Prepaid to:

Travis Industries, Inc.
4800 Harbour Pointe Blvd SW
Mukilteo, WA 98275



TRAVIS INDUSTRIES
HOUSE OF FIRE

RMA # _____

Return Authorization Code: _____

Date Received: _____

Credit Order #: _____

Return Merchandise Authorization Form

CLAIM WILL BE DENIED IF SPECIFIED INFORMATION BELOW IS NOT PROVIDED!

All warranty claims and/or product returns must be submitted within 90 DAYS of the original service call or notification.

You must attach all receipts for any repairs made.

No credit will be issued on forms received after that time period.

THIS FORM CANNOT BE USED TO ORDER REPLACEMENT PARTS

Dealer Name & Travis Acc. # _____ Dealer Phone _____

Dealer Address _____

Customer Name _____ Customer Phone _____

List Parts Being Returned: Return of non-defective product are subject to a 20% restocking fee.

Quantity	Product SKU	Product Name	Credit	Repair	Transaction Code
Quantity	Product SKU	Product Name	Credit	Repair	Transaction Code
Quantity	Product SKU	Product Name	Credit	Repair	Transaction Code

<input type="checkbox"/>	Check box for Labor Credit-only	Replacement Part _____
		Invoice Number & Date _____

This section must be completed accurately for product being returned to avoid delays in processing.

Model _____ Serial # _____ Purchase Date _____ Repair Date _____

Describe Problem In DETAIL: _____

Venting & Installation Information : (Information necessary only on stove or burner component returns)

Pipe Brand _____ Length Horizontal _____ Length Vertical _____ Number of Elbows _____

Length Between Elbows _____ Termination Part # _____ Thermostat Type/Brand _____ Gas Type _____

FOR MANUFACTURER'S USE ONLY

Inspection/Receiving Information _____

RMA Type:	<input checked="" type="checkbox"/> Issue Credit	<input checked="" type="checkbox"/> Repair In-House	<input checked="" type="checkbox"/> Mis- Order	<input checked="" type="checkbox"/> No Credit	<input checked="" type="checkbox"/> Labor Only
	<input type="checkbox"/> Restock	<input type="checkbox"/> Repair Out of Warranty	<input type="checkbox"/> Mis-Ship	<input type="checkbox"/> Out of Warranty	<input type="checkbox"/> Credit Review
	<input type="checkbox"/> Scrap	<input type="checkbox"/> Repair In Warranty	<input type="checkbox"/> General Return	<input type="checkbox"/> Return to Sender	Authorized By: _____
	<input type="checkbox"/> Bill <input type="checkbox"/> No Charge		Return Order # _____	Date: _____	
	<input type="checkbox"/> Sales <input type="checkbox"/> Work				
	Order # _____				

Total Credit Issued _____ Parts _____ Labor _____ Freight _____ 20% Restock