

Return Merchandise Authorization (RMA) Form

Please fill in customer information for product(s) you wish to return below and email form to <u>inforvbrakes@tuson.com</u> or fax to 847-816-8801.

Customer Information:

Company Name:	Serial #:	RMA # (For Manufacturer Only):			
Contact Name:	Tel No:	Fax No:			
Home Address:		1	Apt/Unit#:		
City:	State/Province:	Zip:	Country:		
Ship-To Address: (If same as the home address, leave blank) Apt/Unit#:					
City:	State/Province:	Zip:	Country:		
E-mail Address:	Tow Vehicle (Year/Make/Model):	RV/Trailer (Year/Make/Model):			
Location Purchased:	Date Purchased:	PO/Invoice# (If applicable):			
Product Purchased/Quantity Purchased:					
DL-50 DL-100 DL-200NE	ABS Module TSC1000	ACT1000	ACT1600		
HD Truck Module RFCAM1000 RFCAM1200A RFCAM1200B TPMS					
Please list return reasons: [i.e. produ	ict issues] *If multiple quantities, list	quantity affecte	ed per product issue.		

We will reply within 1 business day with feedback on whether product is covered under warranty along with RMA#.

Manufacturer Information (For Manufacturer Only):

Date Received:		Date Returned:
*Return for Exchange Refund Other		Ship Method/ Tracking No.:
Repair Cost:	Comments:	
Repair Time:		
Signature:	Date	::