



Return Merchandise Authorization (RMA) Form

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

Customer Information:

Company Name:	Serial #:	RMA # (For Manufacturer Only):	
Contact Name:	Tel No:	Fax No:	
Home Address:			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 <input type="checkbox"/> DL-100 <input type="checkbox"/> DL-200NE <input type="checkbox"/> ABS Module <input type="checkbox"/> TSC1000 <input type="checkbox"/> ACT1000 <input type="checkbox"/> ACT1600 <input type="checkbox"/>			
HD Truck Module <input type="checkbox"/> RFCAM1000 <input type="checkbox"/> RFCAM1200A <input type="checkbox"/> RFCAM1200B <input type="checkbox"/> TPMS <input type="checkbox"/>			
Please list return reasons: [i.e. product issues] * If multiple quantities, list quantity affected 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 <input type="checkbox"/> Refund <input type="checkbox"/> Other <input type="checkbox"/>	Ship Method/ Tracking No.:
Repair Cost:	Comments:
Repair Time:	
Signature:	Date: