



A WATTS Brand

DEFECTIVE RETURN MATERIAL REQUEST FORM

1. Please fill out all applicable information below.
2. 25% restock may be applied to all returns.
3. All transportation costs for goods must be paid by the purchaser.
4. Only saleable goods of standard manufacturer may be returned for credit.

DISTRIBUTOR INFORMATION

Distributor Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Ph #: _____ email: _____

CONTRACTOR INFORMATION

Company Name: _____

Contact Name: _____ Phone #: _____

RETURN INFORMATION

Part # _____ Qty: _____

Reason for return: _____

Original PO #: _____ Original Invoice # _____

The original product was purchased from: _____

Installation Date of original product: _____ Date code on product: _____

Replacement PO # _____ Replacement Invoice # _____

The replacement product was purchased from: _____

Installation Date of replacement product: _____

IF TEKMAR WAS CONTACTED PRIOR, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Date Contacted: _____ Tekmar person spoken with: _____

Event # _____

IF VIEWING IN A PDF READER (EX. ADOBE, FOXIT, XCHANGE EDITOR, ETC.) PLEASE CLICK SUBMIT BELOW

IF VIEWING IN A WEB BROWSER, PLEASE SAVE AND SEND TO RGA-WARRANTY@SHAMROCKSALESINC.COM BY CLICKING ON THE EMAIL ADDRESS



4940 Fox Street - Denver, CO 80216 - 303-399-9181 - www.shamrocksalesinc.com

SSI121020