TCP

Request for Credit or Product Return

Date: _____

Order # _____

Please return the completed form to:
returnsrequest@tcpi.com or Fax to **877.487.0514**

Customer Information

Bill to number: _____
Name: _____
Address: _____
City, St, Zip: _____
Name of person requesting credit: _____
Contact Phone: _____ Contact Email: _____

Ship To Number: _____
Name: _____
Address: _____
City, St, Zip: _____
Contact Fax: _____

Adjustment Request

Type Y if product needs returned

Internal Use Only - Do Not Complete

Customer PO #	Return?	Item #	Qty	Invoice Price	Total Credit	Reas. Code
		RESTOCKING FEE	1	15%		

TOTAL $_____

Please provide detailed return/credit information *(REQUIRED)*

Replacements will be issued for product value exceeding $100. For all replacements less than $100, a credit will be issued.

TCP is not liable for unauthorized returns. Overages and old/expired product will not be credited. Please reference TCP's Return Policy for details.

Rep #: _____

TCP, Inc.
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