

RA# _____



RETURN AUTHORIZATION FORM

Dear Valued Customer: Please follow the instructions below.

1. Fill out this form completely and **FAX BACK** to FOSTER: **215-442-1313**
2. Foster will return this form with your RA#.
3. Place a copy of this form in the package with the merchandise being returned.
4. Keep a copy of this form for your records
5. Write the RA# on the outside of your package.
6. If the merchandise is damaged or defective, or if Foster has errored on your order, Foster will issue a call tag to pick it up if requested.
7. If you have made an error in ordering, ship the package to us freight prepaid.

**Note: Depending on the nature of your return, a 25% Restocking Fee may apply.*

Foster Use Only	
Date	_____
RA Issued:	_____
Call Tag Issued:	_____
Merch Rcvd:	_____
Returned to Stock:	_____
RA#:	_____
Full Value : Yes	_____ No _____
Replacement Order #:	_____
When Needed:	_____

Dealer : _____ Dealer Contact : _____
 Dealer Phone: (____) _____ - _____ Fax: (____) _____ - _____
 Dealer E-mail: _____
 Foster Order#: _____ Your PO#:: _____
 Customer: _____ Customer Contact: _____
 Pick Up Address: _____

RETURN MERCHANDISE TO:
Foster Manufacturing Attn: RA# _____ (your RA#) 905 Louis Drive Warminster, PA 18974 Phone: 215-442-1700

City: _____ State: _____ Zip Code: _____
 Customer Phone: (____) _____ - _____ Business Hours for Pick Up: _____
 Item# _____ Item Description: _____
 Item# _____ Item Description: _____
 Item# _____ Item Description: _____

Reason for Return? Check Reason(s) Below.

If you would like help ordering something else that would better suit your needs--Please give us a call, we will be happy to assist 800.523.4855.

**Customer Required to pay Return Freight unless merchandise is deemed defective or factory error.*

- | Client | Factory | Carrier |
|---|--|--|
| <input type="checkbox"/> Wrong Size Ordered | <input type="checkbox"/> Wrong Item Rcvd | <input type="checkbox"/> Late Delivery |
| <input type="checkbox"/> Wrong Color Ordered | <input type="checkbox"/> Wrong Size Rcvd | <input type="checkbox"/> Damaged |
| <input type="checkbox"/> Wrong Style Ordered | <input type="checkbox"/> Wrong QTY Rcvd | <input type="checkbox"/> Package Lost |
| <input type="checkbox"/> Does not Cut Material | <input type="checkbox"/> Wrong Address | <input type="checkbox"/> Wrong Address |
| <input type="checkbox"/> Do not Like Item <i>*see below</i> | <input type="checkbox"/> Wrong Ship Method | |

*Please explain why _____

___ Defective- Explain: _____

___ Other - Explain: _____

If returning a cutter, please note what type of material you are cutting _____

Customer Request for Disposition:

- NO Exchange - issue credit.
 Exchange for: Item# _____ Description _____
 Item# _____ Description _____
 Item# _____ Description _____

Replacement PO#: _____ **Please send in a new order along with this form.**

**Note: Your Credit will be issued after receiving returned merchandise.*

Fill this form out completely and **FAX BACK** to Foster: **215.442.1313.**

No credit will be issued if form is not **completely** filled out.