



17589 Railroad St.
 City of Industry, CA 91748
 Tel: 888-788-9888
 Fax: 626-810-6628

RETURN AUTHORIZATION FORM

CUSTOMER INFORMATION

Customer Name	_____	RA#	_____
Street Address	_____	Date	_____
Street Address	_____	Invoice#	_____
City/State/Zip	_____	Store	_____
Country	_____		
Telephone	_____		

QTY	Description	Remarks / Reason

INSTRUCTIONS:

Print this form and fill in information.
 Print or make a copy of your receipt. (Returns are valid only through authorized reseller)
 Unless otherwise noted, customer to ship all content of the product.
 Ship product(s) with this form and receipt to the address shown upper right corner.
 Torque will not be responsible for any damages or loss of the product during shipment.
 Once Torque receives the product, we will inspect to make sure it meets our warranty conditions.

Though we will try to accommodate fast processing, please allow up to 6 weeks.

OFFICIAL USE ONLY

 Authorized Signature