



Request Return Authorization Form

(Applies to 30-Day Return Policy)

Please fax or email completed form to:

Fax: 716-856-6023

Email: LRatka@AustinAir.com

TO BE COMPLETED BY DEALER

Dealer Information

Name: _____

Address: _____

Fax #: () _____

Email: _____

Customer/Drop Ship Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

Reason for Return: _____

Item Being Returned: _____

Serial #: _____ Color: _____

Replacement: _____ Credit: _____

TO BE COMPLETED BY AUSTIN AIR

RA#: _____ (Must be visible on outside of box being returned)

(If) Replacement Sent: Issue Call Tag: _____ (subject to change)

Call Tag Confirmation #: _____

(If) Credit Issued: Customer Returns Item: _____ (When item is received credit will be issued.)

Note: Please contact our Return Department at 800-724-8403, if you have any questions or suggestions. Thank you in advance for your cooperation regarding this matter.