



FRIATEC N.A, LLC, Engineered Products
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REQUEST FOR RETURN AUTHORIZATION FORM

RETURN AUTHORIZATION NUMBER: _____ **Date:** _____

Note: You must obtain the return authorization number by contacting FRIATEC N.A.

Please fill out the information below as completely as possible. This form must be returned to FRIATEC before returning any equipment. FRIATEC reserves the right to refuse any equipment returned without proper authorization or paperwork. All equipment must be returned to FRIATEC with freight prepaid.

Company: _____
Contact Name: _____
Address / City / State: _____
Phone: _____
Fax: _____
Email: _____

Quantity: _____
Serial Number or Part Number: _____
Equipment Description: _____

Reason for Return: _____
Original PO Number (if known): _____

An MSDS of the liquid or solution handled by the above mentioned equipment before it was cleaned and decontaminated must be attached to this form.

I hereby certify that the above mentioned equipment has been cleaned and decontaminated and it contains no hazardous substances or chemicals.

Company: _____ **Name (Print):** _____

Date: _____ **Signature:** _____