



In order to expedite the processing of your RMA number, please fill out this form completely and fax to 661.295.0895. You can also fill out the form, scan it to a PDF file and email to [orders@talladium.com](mailto:orders@talladium.com).

**\*Please complete and submit the form before returning your products. An RMA Return Merchandise Authorization number will then be assigned to you.  
\*All sections in Product and Return Information must be filled. An incomplete form will delay your return.**

Lab Name <hr/> Customer number <hr/> Contact person <hr/> Email <hr/>	Address <hr/> City/State/ZIP code <hr/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Phone</td> <td style="width: 30%;">Fax</td> </tr> </table>	Phone	Fax
Phone	Fax		

### Product and Return Information

QTY	ORD/INV#	ORDER DATE	PART#	DESCRIPTION	UNIT PRICE	REASON FOR RETURN

Please select one:    **CARD CREDIT:**                       **ACCT CREDIT:**