TWT® The Smart Treatment Method

RETURN POLICY & AUTHORIZATION FORM

ADM14EC

TWT INC. RETURN POLICY

Accepting Delivery of Your (purchase order) Shipment(s)

All products shipped from our factory are carefully checked, tested, inspected and packaged before leaving our warehouse. ***Shipping errors and/or damages must be reported to TWT, Inc./Contractor and to Carrier upon receipt of shipment.*** This is imperative in order to perfect any claims to the carrier, and no deviation will be accepted. No returns will be accepted without a TWT, Inc. Return Authorization Number. In order to obtain an authorization number, please use the attached RAF form.

DROP SHIPMENT(S)

For customers requesting drop-shipments directly to their fiends or family, please be advised that they must adhere to the Policy stated herein, if customers is to have any recourse with TWT for shipping errors and/or damaged shipments. TWT recommends that customers restate the TWT Return Policy as their own policy on their letterhead in order to ensure that all parties involved are informed and have appropriate recourse.

ACCEPTING DELIVERY OF YOUR SHIPMENT(S)

There is always the possibility of either internal or external damages caused by careless handling, accident, etc., during transit by common carrier. Further, this equipment may be damaged without any apparent visible damage to the container. As a matter of prudence, TWT insures all shipped equipment for at least the replacement value, or as otherwise requested by contractor/customer. However, TWT must ask for your assistance in determining the cause and extent of any possible damages. As a TWT policy henceforth, all will be required to follow these procedures:

A. Upon receipt of the shipment(s) and before accepting delivery, inspect the outside packaging, cartons and skids (if it is skidded.)

B. Note any damages to the cartons, crates, skids or equipment even if it involves an innocuous hole in the box, torn bubble wrap, minor-looking dent or banged-in corners.

C. Clearly note on the Bill of Lading any and all damages before signing the receipt and returning the bill of lading to the delivery person AND...

D. Whether or not there is any apparent visible damages, write internal conditions unknown on the bill of landing.

E. If products received do not match products ordered, contact TWT/Contractor immediately with purchase order number and details of discrepancy.

THIS IS IMPERATIVE IF A CLAIM IS TO BE PERFECTED.

IF ERRORS AND/OR DAMAGE OF ANY KIND ARE DISCOVERED, SAVE ALL THE PACKING MATERIAL AND ANY CHIPS OR PIECES FOUND IN THE PACKAGING FROM BROKEN EQUIPMENT. NOTIFY TWT IMMEDIATELY SO THAT TWT CAN INFORM THE FREIGHT COMPANY THAT A CLAIM WILL BE MADE. (TAKE PICTURES IF POSSIBLE)

- TRIANGULAR WAVE TECHNOLOGIES, INC. WILL NOT BE ABLE TO PROCESS NOR BE RESPONSIBLE FOR ANY CLAIMS FOR ANY TRANSPORTATION DAMAGES, INTERNAL OR EXTERNAL, IF NOT NOTIFIED WITHIN 24 HOURS AFTER DELIVERY.
- TRIANGULAR WAVE TECHNOLOGIES, INC. WILL NOT BE RESPONSIBLE FOR ANY MISSING ITEMS IF NOT NOTIFIED WITHIN TWO (2) BUSINESS DAYS OF DELIVERY.
- TRIANGULAR WAVE TECHNOLOGIES, INC. WILL NOT BE RESPONSIBLE FOR ANY CLAIMS UNLESS THE ABOVE IS STRICTLY ADHERED TO.

Thank you for your kind cooperation. If you have any questions, please do not hesitate to contact us.

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WWW.TWTWATERTREATMENT. COM RETURN AUTHORIZATION FORM

www.twtwatertreatment.com [for Customer use only]

DATE:_____/_____/_____

For Return Authorization, Please fill out mail and/or fax to TWT, Inc.

Company/Customer Name:_____

Attn: (Dept./Loc.):_____

Address:_____

City:_____ **State:**_____ **Zip:**_____

Country:_____ **E-mail:**_____

Tel:_____ **Fax:**_____

Auth. Signature:_____

(Contact Name):_____

Account#:_____

Orig. Invoice#_____

Date Shipment Received:_____

Factory is not able to except any returns that are not freight prepaid

No products may be returned that are not properly packaged with all components included

A restocking charge of 20% may be charged to customer/ for all products improperly returned

Mark on all cartons returned:
Item#(s) #of units, RAF#

Equipment Description	Item#	Quantity	Cost/Each	Special Instructions

Reason For Return: ☐ Defective ☐ Damaged ☐ Missing Pieces ☐ Authorized Trial Evaluation Completed

☐ Other, Explain:_____

Requested Return Total Valve:_____

[for TWT Inc. office use only]

☐ **Credit will be given upon product inspection at our factory**

☐ **Products will be replaced upon receipt at our warehouse**

☐ **Dispose of products and we will credit your account**

☐ **Return authorization denied**

_____

_____

_____

_____

_____

_____

Authorized by:_____

Date:_____

Return Authorization #_____

Return Products To:_____

Address:_____

City:_____ **State:**_____ **Zip:**_____ **USA**

RAF#:_____

Date Entered/Returned to Company/Customer DATE:_____/_____/_____

TWT Representative:_____