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RETURN AUTHORIZATION FORM

Retailer Check List:

☐

**Complete Return
Authorization Form**

*Email to info@tsf.com
or fax to 888.336.3043.*

The following is to be filled out by TSF retail customer.

Today's Date _____ Retailer Account # _____

Retailer Name _____

Address _____

City _____ State _____ Zip _____

TSF Invoice # _____

Product Wanting to Return _____

Quantity _____

Reason for Return _____

All returns are subject to a 25% restocking fee charge (minimum \$75) and TSF Management approval.

_____ for office use only

Purchasing Approval:

Date: _____

RA #: _____

Entered By: _____
