

# Tooling Return Material Authorization Form



**Deliver To:**

*Ekstrom Carlson  
Spindle Repair  
5248 27th Ave.  
Rockford, IL 61109*

*Email  
Phone  
Fax*

*sales@ekstromcarlson.com  
(815) 394- 1744  
(815) 316-8120*

**Date Sent**

**Shipping Value**

**From**

**Company Name**

**Contact**  **Phone #**

**Street Address**

**City**  **State**  **ZIP**

**Email**

*Contact Ekstrom-Carlson for an RMA Number*

**RMA Number**

**Qty & Part #**

**Sales Order #**

**Invoice #**

**Reason for Return:** \_\_\_\_\_  
\_\_\_\_\_

**Inspected By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Results Found:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Action Taken:** \_\_\_\_\_  
\_\_\_\_\_

**Corrective Action To Be Taken:**    Yes     No

**Approved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Quality Personnel)