



Return Materials Authorization Request Form (RMA)

3500 SW 42nd Avenue
Palm City, FL 34990
T: 1.800.340.TILE (8453)
www.internationalwholesaletile.com
E-MAIL TO: support@iwttesor.com
FAX TO: 772.403.5010

PLEASE REVIEW OUR RETURN POLICY BELOW PRIOR TO COMPLETING THE RMA REQUEST FORM

- Material returns must be in excess of \$250.00 per invoice.
Material must be returned within 30 days of date of receipt.
Restocking charge is 25% of returned material cost.
Material must be prepared for return shipment as follows:
1) Material must be packaged in the original carton(s).
2) Boxes must be stacked upright, shrink wrapped and strapped to a pallet with RMA paperwork attached.
3) Material returned via UPS must be packaged properly. IWT will not credit material that is returned damaged.
Upon request, IWT will quote return freight and upon approval make arrangements for return.
Material must be available for pick-up on the Return Pick-up Date to avoid additional freight charges.
Credit will only be issued for material received in resellable condition. Discontinued or close-out materials are not returnable.
Material shade must be in stock for a credit to be issued.

IF YOUR PENDING RETURN MEETS OUR POLICY CRITERIA, PLEASE COMPLETE REQUESTED INFORMATION BELOW

Complete requested information below and fax/email to: 772.403.5010 or support@iwttesor.com

IWT Customer Name: _____ Date: _____

IWT Customer Acct #: _____ PO/Order/Invoice #: _____

IWT Customer E-mail: _____ IWT Invoice Date: _____

IWT Customer Fax #: _____ IWT Customer phone #: _____

Material to be returned:

Warehouse Pickup Hours: _____

Table with 6 columns: IWT Item Description, Color, Shade, Size, # Boxes, # Pieces. Two empty rows for data entry.

Reason for return:

Three horizontal lines for writing the reason for return.

Customer authorization of fees. Please sign, date and fax/e-mail RMA form to: 772.403.5010 or support@iwttesor.com

- By signing below, you agree to pay the full 25% restocking fee and freight costs to return material to IWT.
If you require fees to be quoted, please do not sign and we will send a confirmation with fees to be approved.

Customer Printed Name _____ Authorized Customer Signature _____ Authorization Date _____