



**TEXAS FURNACE, LLC.**  
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**RETURN GOODS AUTHORIZATION FORM**

**RETURN AUTHORIZATION NUMBER:**

**INSTRUCTIONS FOR RETURN:**

**DISTRUBUTOR INFORMATION**

\*DISTRIBUTOR:  
  
 \*ADDRESS:  
  
 \*CITY/STATE:  
  
 \*PHONE:  
  
 \*FAX:

**UNIT INFORMATION**

\* MODEL NUMBER:  
  
 \* SERIAL NUMBER:  
  
 ORIGINAL P.O. NUMBER:

**CONTRACTOR INFORMATION**

\*CONTRACTOR:  
  
 ADDRESS:  
  
 \*CITY/STATE:  
  
 PHONE:  
  
 FAX:

**PART RETURNING:**

\* PART NUMBER:  
  
 \* PART NAME:  
  
 \* PART SERIAL NUMBER:

**RETURNING PRODUCT INFORMATION:**

\* DESCRIPTION OF DEFECT:  
  
  
 \* DATE FAILED:

**INASTALLATION INFORMATION**

\*NAME & INSTALLATION ADDRESS:  
  
  
 \*CITY/STATE:  
  
 PHONE:  
  
 \*DATE INSTALLED:

**REPLACEMENT UNIT OR PART:**

MODEL NUMBER:  
  
 SERIAL NUMBER:

NOTE: IS VERY IMPORTANT TO FILL OUT ALL THE INFO.

**PLEASE NOTE: 20% RESTOCKING FEE APPLIES TO ALL NEW & UNUSED RETURNS.**