

# WARRANTY RETURN REQUEST FORM

Europeantransmissions and Parts Inc.

## Return Requirements:

COPY of  
Dated Proof of Purchase Invoice.  
ORIGINAL OWNER ONLY

## Type of Service Requested in this form:

**WARRANTY**

## Sender's Information:

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ph. Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Unit Part Number:

Quantity Shipped:

Describe Unit Failure/Symptoms: PLEASE BE SPECIFIC /USE THE REVERSE SIDE IF NEEDED, (This must be Filled Out ) In order to expedite for you.

YEAR

MAKE

MODEL

V.I.N #

**ALL SHIPPING INCOMING AND OUTGOING IS THE RESPONSIBILITY OF THE PART OWNER**

**A shipping fee will be charged for expedited shipping.**

Shipping Insurance- YES \_\_\_\_\_ Amount Insured \_\_\_\_\_ /NO \_\_\_\_\_ Signature \_\_\_\_\_

SHIPPING- UPS Ground \_\_\_\_\_ 2-Day \_\_\_\_\_ Overnight \_\_\_\_\_ International (Please Email)

TCU- Mecatronic (dimensional weight): UPS Ground \_\_\_\_\_ 2-Day \_\_\_\_\_ Overnight \_\_\_\_\_

Saturday delivery add \$20.00 to price

Shipping charges listed above are for Continental U.S. onl

**Add \$6.00 for Residential Delivery**

## Purchase Information:

Original Invoice #

When was controller repaired/purchased? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Month/day/year)

\*A copy of this form, and a copy of original invoice receipt must accompany controller(s) For warranty work  
Warranties are for original purchaser only (NON TRANSFERABLE), unless you have been approved as a reseller  
by Europeantransmissions and Parts Inc.

Ship Warranty to:

**Europeantransmissions**

2430 Oak street east

Cumming, GA 30041

1-770-888-1499 [www.europeantransmissions.com](http://www.europeantransmissions.com)

**Open Monday thru Friday**  
9:00 am to 5:30 pm EST

ATTENTION; WARRANTY DEPT.

TO CONTACT OUR TECHNICAL DEPARTMENT/ PLEASE EMAIL ([eurotrans@mindspring.com](mailto:eurotrans@mindspring.com))