

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

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)