

SHIP ITEM DIRECTLY TO: LONGACRE SERVICE DEPT. 16892 146th St SE Monroe, WA 98272 USA (Call Longacre Customer Service for RMA #)

RMA #

NON-WARRANTY SERVICE FORM

For Customer Assistance call (360) 453-2030 Service Hours (PST): M-F 7:00am-3:30pm

Dear Longacre Customer,

This form is to be completed and returned with your Longacre product returned for NON-WARRANTY service. For warranty service, please complete the WARRANTY service form. If you are unsure if your part is under warranty please complete the WARRANTY service form.

1 • CUSTOMER'S RETURN SHIPPING ADDRESS	5 • REPAIR / REPLACEMENT OPTIONS
	Please select from the options below.
NAME	•
COMPANYAL III (III and III III III III III III III III III I	OPTION 1: Call with service estimate
COMPANY NAME (If applicable)	 Customer will be contacted with an estimate of the charges to repair/replace the item.
STREET ADDRESS (UPS will not deliver to a PO Box)	Contact Phone Number: ()
,	OPTION 2: Repair / Replace item
CITY STATE ZIP	I authorize Longacre to repair (or replace) item. If charges for service
SHIPPING ADDRESS IS (CHECK ONE): Residential Commercial	(less shipping) will exceed \$ please contact me with an estimate prior to repairing the item.
E-mail Address:	OPTION 3: Return item without repairing
2 • MODEL INFORMATION	If charges for service (less shipping) are to exceed \$ item is to be returned to the customer un-repaired. Customer is responsi-
Product description and part number if available:	 ble for return shipping costs.
· · · · · · · · · · · · · · · · · · ·	6 • PAYMENT METHOD
	DISCUST CONTENION CONTENIO
3 • DESCRIPTION OF PROBLEM (S) (ATTIME OF FAILURE)	Card #
	3 or 4 Digit Card Verification Number:
	Print Name Exactly as it Appears on Card:
	Thirt value Exactly as it Appears of Card.
	Cardholder's Signature Exp. Date:
	•
	7 • AUTHORIZATION TO SERVICE ITEM
	I authorize Longacre Racing Products to service my product as I have indicated on this form. I understand that if my product is replaced, my
	original product will no longer be available. I also understand that if
	my product operates normally, (no problem found) I will be charged return shipping fees.
	•
	Customer's Signature (Required:)
	Daytime Phone Number: (
	•
	Date (Month/Day/Year)://
Has this product ever been sent into Longacre for service? Yes No	8 • ADDITIONAL INSTRUCTIONS
If Yes: Last date product was serviced	
4 • SHIPPING METHOD	•
Please indicate a shipping method. Current shipping fees will be added. If a shipping method	•
is not indicated, product will be shipped via UPS Ground to addresses in the 48 contiguous United States. All internationals items are shipped via UPS Worldwide Expedited.	•
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