



SHIP ITEM DIRECTLY TO:
Hagar Motorsports
19400 144th Ave NE STE
6-C
Woodinville, WA 98072

NON-WARRANTY SERVICE FORM

For Customer Assistance, call 425-488-9737.

LIT-5019

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

NAME _____

COMPANY NAME (If applicable) _____

STREET ADDRESS (UPS will not deliver to a PO Box) _____

CITY _____ STATE _____ ZIP _____

SHIPPING ADDRESS IS (CHECK ONE): Residential Commercial

E-mail Address: _____

2 • MODEL INFORMATION

Product description and part number if available: _____

3 • DESCRIPTION OF PROBLEM (S) (AT TIME OF FAILURE)

Has this product ever been sent into Longacre for service? Yes No

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 international items are shipped via UPS Worldwide Expedited.

UPS Ground

5 • REPAIR / REPLACEMENT OPTIONS

Please select from the options below.

OPTION 1: Call with service estimate

Customer will be contacted with an estimate of the charges to repair/replace the item.

Contact Phone Number: () _____

OPTION 2: Repair / Replace item

I authorize Longacre to repair (or replace) item. If charges for service (less shipping) will exceed \$ _____ please contact me with an estimate prior to repairing the item.

OPTION 3: Return item without repairing

If charges for service (less shipping) are to exceed \$ _____ item is to be returned to the customer un-repaired. Customer is responsible for return shipping costs.

6 • 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): ___ / ___ / ___

7 • ADDITIONAL INSTRUCTIONS

Note: Carefully package your parts for shipment. Please DO NOT ship your scale pads in the 52-72292 Storage Box as this can lead to damage. Longacre is not responsible for damage during shipping.