WARRANTY PARTS RETURN FORM

RA# _____

BPR/RICO Manufacturing, Inc.

DEALER INFORMATION	
Name	
Address	
City/ST/Zip	
Contact	

CUSTOMER INFORMATION	
Name	
Address	
City/ST/Zip	
Contact	

RETURN FORM WITH DEFECTIVE PART

TRUCK INFORMATION		
SERIAL NUMBER:	MODEL:	HOUR METER:

PARTS BEING RETURNED			
QTY	PART NUMBER	DESCRIPTION	PRICE

Return Deliveries via prepaid UPS Ground or Freight to:

Rico Manufacturing Inc.
80 N. State Street
Medina, Oh 44256
Attn: Warranty Department RA#

INTERNAL USE ONLY

Damaged, broke, or signs of abuse: Y N _____

Internal test/evaluation completed: Y N

Send to vendor: Y N

Date _____ Authorized By _____

Also available on our website www.RicoEquipment.com