



In order to assist you more promptly and to insure your order is filled correctly, we ask that you please take a moment to fill in the information below.

PRODUCT / PARTS REPLACEMENT REQUEST

Date: _____ Company Name: _____
Name: _____ Email Address: _____
Work Phone #: _____ Cell Phone #: _____

Problem Description:

Part Number Affected:	Part Number Affected:
Dealer P.O. # Affected:	Dealer P.O. # Affected:
G.O. Sales Order # Affected:	G.O. Sales Order # Affected:
Quantity Affected:	Quantity Affected:

Part Number Affected:	Part Number Affected:
Dealer P.O. # Affected:	Dealer P.O. # Affected:
G.O. Sales Order # Affected:	G.O. Sales Order # Affected:
Quantity Affected:	Quantity Affected:

FOR SHIPPING & HANDLING DAMAGE (CHECK ALL THAT APPLY)

- | | | |
|---|-----|----|
| • Damage discovered when carrier's driver still present | Yes | No |
| • Concealed damage found after carrier's driver left your facility | Yes | No |
| • Visible damage found while carrier's driver present | Yes | No |
| • Carrier's driver noted damage on delivery receipt (carrier's bill of lading) | Yes | No |
| • You have photos that show what is damaged (if you check "yes" please send) | Yes | No |

NOTE: PLEASE SEND A COPY OF THE CARRIER'S SIGNED BILL OF LADING

SHIPPING / ORDER TAGGING INFORMATION FOR REPLACEMENT PARTS / PRODUCT

Business Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Country / Province: _____
Zip / Postal Code: _____
Tagging Info: _____
Attention / Phone #: _____

Finished filling out this form?

If you are typing in the fields, please save this pdf to your computer and then attach to your email (with copy of bill of lading)- otherwise scan/copy and then email or fax.

PLEASE RETURN THIS REQUEST TO CUSTOMER CARE (SEE EMAIL & FAX BELOW)

Questions / Call: 888-712-8582 • Fax: 231-843-6373 • Email: gocustomer@greatopenings.com