

PHONE: 780-452-6270 FAX: 780-784-6434

CORE RETURN FORM

DATE:

YOUR REFERENCE NUMBER: _____

COMPANY:						FLEET CORES ONLY: PLEASE INITIAL BELOW IN THE EVENT THE FLEET CORE IS DENIED AND THE PRODUCT IS TO BE RETURNED AT YOUR COST	
ADDRESS:							
PHONE	:	FAX:	EMAIL:			INITIAL:	
<u>TYPE O</u>	F RETURN (PLEASE	<u>CHECK ONE):</u>					
	FLEET PARTS CORE TRANSMISSION/D OTHER:	IFFERENTIAL CORE					
QTY	PART NUMBER	DESCRIPTION		INVOICE NUMBER	SERI	AL NUMBER	
REQUESTS							

- INCLUDE A COPY OF THE SALES INVOICE OR PICK SLIP.
- IF THERE IS MORE THAN (1) UNIT ON THE INVOICE, A SERIAL NUMBER MUST BE SUPPLIED
- UNIT CORES RETURNED WITHIN (10) BUSINESS DAYS CAN BE SENT BACK COLLECT
- THE REFERENCE NUMBER YOU PROVIDE WILL BE USED FOR ALL CREDITS ON THIS RETURN

AUTHORIZED BY (PACIFIC TRUCK):

DATE: