

Return Goods Request Form

Basic Information *required fi	elds				
Customer *		City *		State *	
Contact Name *	-	Title *	•		
Email *		Phone *			
Cust. Reference #		Does customer	er debit on return? Yes No		No
Return Information					
PEC Part #	Original PO #	*	Customer Part # *		Qty *
Defect/Problem *: (please give detailed description)					
Action Requested *: (Select One) Credit Repair (Non-warranty) Repair (Warranty) Rework Other:					
Additional Notes: (provide photos of	r any other esser	ntial documents in	conjunction with this fo	orm)	
Name:			Date:		

<u>Submission Guidelines:</u> Upon completion of this form, please send to the Price Engineering Returns Department via email at **ReturnsCoordinator@priceeng.com** OR by fax at **(262) 369-3711.**

You may also complete this form and hit the 'Submit' button to send the PDF electronically.

NOTE: You will receive an RMA (Return Materials Authorization) form within 24 hours of submitting this form. Please do NOT attempt to return goods before you receive your RMA form.