



FAX 706-790-5688 Date Received: \_\_\_\_\_

### Product Return Claim Form

#### Distributor / Dealer Information:

Name: \_\_\_\_\_ EMAIL : \_\_\_\_\_  
Address: \_\_\_\_\_ Mobile: (     ) \_\_\_\_\_  
City / State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Work: (     ) \_\_\_\_\_

#### Shipping Information: If the return is approved and requires replacement product or parts, please list the shipping information where the items are to be sent

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City / State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### Product Information:

Part Number: \_\_\_\_\_  
Qty: \_\_\_\_\_

#### Purchase Information:

Date Purchased  
from Waterco : \_\_\_\_\_  
PO Number or: \_\_\_\_\_  
SO Number: \_\_\_\_\_  
Invoice Number: \_\_\_\_\_

#### Reason for Return

\_\_\_\_\_  
\_\_\_\_\_

Approved by \_\_\_\_\_

Date \_\_\_\_\_

**All returns have a 15% Restock Fee and customer is responsible for shipping.**