|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Customer Name:** |  | **Original Invoice Number** |  |
| **Reviewer Name:** |  | **Value of Original Invoice** |  |
| **Credit Invoice Number** |  | **Value of Credit** |  |
| **Parts Return** | **Pricing Error** | **Other Credit Reason** |  |

|  |
| --- |
| **Return Process -** Products purchased through PPS may be returned for credit by following these steps:   1. Parts must meet return criteria as per PPS Terms and Conditions of sale 2. Provide a copy of the Invoice number and purchase order. 3. Items subject to warranty must be clearly marked “WARRANTY” 4. All freight and other related expenses are the responsibility of the Customer.   **\* Please note: a 20% restocking fee may apply** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Qty.** | **Part Number** | **Description** | **Reason for Credit/Return** |
|  |  |  |  |

\*\*\* For Over the Counter parts warranty submissions, all details must be completed on page 2.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Circle Applicable  Level | | Level 4  $30,000 | | Level 5  $10,000 | | Level 6  $5,000 |
|  | | **Name** | | **Signature** | | **Date** |
| Referring Employee: | ***X*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | ***X*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Manager Signature: | ***X*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | ***X*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Over the Counter Parts Warranty Form**

**Select One:**

|  |  |  |
| --- | --- | --- |
|  | Defective Parts (unused) | |
|  | Parts Failed in Service | |
| **Part Details** | | | | | | | |
| Part number of Failed Part: | | | | Description of Failed Part: | | | |
| Engine/ Transmission Model Number: | | | | Engine / Transmission Serial Number: | | | Vehicle Identification Number: |
| Equipment Make and Model: | | | | | | | |
|  | | | | | | | |
| PPS Invoice number: | | Date of Purchase: | | | Engine Hrs / Odometer at Time of Fitting: | | |
| Registration or Fleet Number: | | Date of Failure: | | | Engine Hrs / Odometer at Time of Failure: | | |
| Jacobs Brake Serial Number:  (If Applicable) | | | | | | | |
|  | | | | | |  | |
| DESCRIPTION OF FAILURE: | |  | | | | | |
|  | |  | | | | | |
|  | |  | | | | | |
|  | |  | | | | | |

***ALL DETAILS MUST BE FILLED IN AND ALL FAILED PARTS MUST BE RETURNED FOR WARRANTY REINBURSEMENT***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For Internal Use Only** | |  | |  |
| **Authorized By:** | | **Signature:** | | **Date:** |
|  | |  | |  |
| Approved | Declined | |  | |
| Comments: | | | | |