



Return Goods Request

Please use this form to request a *non-warranty* credit for a Fleetline product.

Before submitting this form, please read the following:

- 1) Credit/return requests cannot be processed without first filling out this form (either by hand or electronically) and sending it to Fleetline for approval. Incomplete information on the form will result in a delay in processing your request.
- 2) Some products are not eligible for return. This includes:
 - *obsolete/superseded parts*
 - *customer-specific (proprietary) parts*
 - *special-order parts*
- 3) Any product for which a request is submitted must have been purchased in the last 6 months.
- 4) This form, when completed, must be sent to Fleetline with a copy of the **original invoice**.
- 5) If product is approved for return, it must be shipped "freight prepaid" and be in "brand-new, uninstalled" condition in original packaging.
- 6) Returned parts are subject to a 15% restocking fee and annual return amounts are limited to 5% of annual purchases.
- 7) If items were delivered damaged, please refer to "Claims for Damaged Merchandise" located on Fleetline's website.
- 8) For other questions regarding Fleetline return policy, please refer to "Return Goods Policy" located on Fleetline's website.
- 9) Warranty claims cannot be processed with this form; please use the "Warranty Claim Request" form found on Fleetline's website.

Date of Request: _____

Request Submitted By: _____
(your name)

Part #: _____	Qty: _____	Cost: _____	Reason: _____	Reason Codes: A: Wrong product ordered B: Wrong product received C: Overstock D: Delivered damaged (use only if freight prepaid by Fleetline) E: Other (please explain below)
Part #: _____	Qty: _____	Cost: _____	Reason: _____	
Part #: _____	Qty: _____	Cost: _____	Reason: _____	
Part #: _____	Qty: _____	Cost: _____	Reason: _____	

(List a Reason Code)

PLEASE GIVE US DETAILS ABOUT THE REASON FOR THE REQUEST:

When complete, please email form & invoice copy to customerservice@fleetlineproducts.com or
form may be faxed to **(888) 215-7036, Attn: Customer Service**

PLEASE DO NOT WRITE BELOW THIS LINE - FOR FLEETLINE USE ONLY

Date Received: _____ Reviewed By: _____, Fleetline Customer Service Dept.

Approved: Denied: Sent for Review/Approval:

Reviewed by: _____	FL Controller	Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>	Date: _____
Reviewed by: _____	FL President	Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>	Date: _____
Reviewed by: _____	FSS Controller	Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>	Date: _____

CM# _____ RMA No.: _____

NOTES: