

CONTROLS INC.
8001 BROWNLEIGH DR.
RALEIGH, NC 27617
919-787-2242

FACTORY AUTHORIZED WARRANTY RETURN GOODS
THIS FORM IS FOR YOUR USE TO RETURN A PRODUCT UNDER WARRANTY.

- * SIMPLY SUPPLY THE INFORMATION REQUESTED ON THIS FORM.
- * ATTACH THE REQUIRED SUPPORTING DOCUMENTATION.
- * SHIP THE PART AND PAPERWORK BACK TO CONTROLS INC.
- * A COPY OF THE ORIGINAL INVOICE OR PICKING TICKET MUST BE INCLUDED.

***FAILURE TO PROVIDE ALL INFORMATION COULD RESULT IN SOME OR ALL CREDIT BEING DENIED DUE TO MANUFACTURER REQUIREMENTS.**

CUSTOMER #: _____ COMPANY NAME: _____

TECHNICIAN'S NAME: _____

PHONE NUMBER: _____

DATE INSTALLED: _____ DATE REMOVED: _____

YOUR CUSTOMER'S NAME: _____

ADDRESS WHERE INSTALLED: _____

PART NUMBER: _____

PART DESCRIPTION: _____

APPLIANCE MANUFACTURER: _____

APPLIANCE MODEL #: _____ SERIAL #: _____

DESCRIPTION OF PROBLEM ("DOES NOT WORK" & "DEFECTIVE" ARE NOT ACCEPTABLE). PLEASE BE SPECIFIC SO WE CAN BETTER HANDLE YOUR WARRANTY.

IMPORTANT: THIS FORM MUST BE COMPLETELY FILLED OUT OR MANUFACTURE OF THE PART MAY NOT ISSURE CREDIT