

MONROE EQUIPMENT, INC.

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Mailing Address: PO Box 100; Butler, WI 53007

MATERIAL RETURN FORM

Return Authorized By: _____

MRF

SOLD TO:

PICK UP AT:

Return Written By: _____	Return Via: <input type="checkbox"/> Truck / Salesman <input type="checkbox"/> Other: _____ <input type="checkbox"/> Customer _____	Return Date: _____	Picked Up By: _____
Type of Credit:	<input type="checkbox"/> New & Unused	<input type="checkbox"/> Damaged	<input type="checkbox"/> Warranty Credit <input type="checkbox"/> Warranty Replacement

DO NOT COMBINE New & Unused AND Warranty ITEMS ON THE SAME RETURN. USE SEPARATE FORMS.

Line	Return Qty	Vendor	Part, Model # or Description	Cost	Inv #	Inv Date	Terms Code	Tax Code
1								
2								
3								

INFORMATION REQUIRED FOR ALL SHADED AREAS ABOVE.

IF WARRANTY CLAIM, INFORMATION BELOW MUST BE COMPLETED TO PROCESS.

WARRANTY INFORMATION FOR LINE #1

Date Item Installed: _____	Date Item Failed: _____
Base Unit Item Removed From: Make: _____	Consumer Name: _____
Model #: _____	Address: _____
Serial #: _____	City: _____
Reason for Return (Do not use "Defective") _____	

WARRANTY INFORMATION FOR LINE #2

Date Item Installed: _____	Date Item Failed: _____
Base Unit Item Removed From: Make: _____	Consumer Name: _____
Model #: _____	Address: _____
Serial #: _____	City: _____
Reason for Return (Do not use "Defective") _____	

WARRANTY INFORMATION FOR LINE #3

Date Item Installed: _____	Date Item Failed: _____
Base Unit Item Removed From: Make: _____	Consumer Name: _____
Model #: _____	Address: _____
Serial #: _____	City: _____
Reason for Return (Do not use "Defective") _____	

RETURN POLICY

Credit for warranty items will be issued only when **COMPLETE AND ACCURATE** information is provided in a timely fashion. **SPECIAL ORDER ITEMS CAN NOT BE RETURNED** except by approval from the manufacturer **AND** a 25% restocking fee.