PO BOX 338 – 1889 MAYVIEW RD
BRIDGEVILLE, PA 15017
PHONE: (412) 221-2800 FAX: (412) 221-6816
EMAIL: sales@equipco.com

REQUEST FOR PARTS RETURN AUTHORIZATION

CUSTOMER'S INFORMATION

*Company		*Phone Number	( )
Address		Fax Number	( )
City		*Contact Name	
State		*PO Number	
ZIP		*PO Date	
*EMAIL			

*Indicates Fields That Must Be Filled In.

*PARTS LIST

QUANTITY	PART NUMBER	DESCRIPTION	INVOICE #	INVOICE DATE

*REASON FOR RETURN: (Required)

☐ Core Return ☐ Carrier Issue ☐ Defective Part

☐ Order Issue ☐ Wrong Part ☐ No longer needed

COMMENTS:

EMAIL or FAX This Return Authorization Form to the Equipco Parts Department. (412) 221-6816. We will review your request and will send you a Return Authorization Number. All returns must have prior approval. The Return Authorization Number must be clearly marked on the box. Returns must be received at Equipco within 90 days of the date of the original shipment. Returns are subject to a restocking cost. Equipco is not responsible for any return freight costs.