

## **RETURNS REQUEST FORM**

RGA #:		<del></del>		ł	Pageof
Pace Edwards Part Number	Quantity	Serial # where ap	pplicable*	Reason for Retur	n
1.					
2.					
3.					
4.					
5.					
7.					
8.					
9.					
10.					
11.					
12.		· · · · · · · · · · · · · · · · · · ·			
13. <u> </u>					
15.			·		
All retractable tonneau cover Ca	<u>nisters must be</u> acc	companied by their o	corresponding seri	al numbers when being	returned.
Submitted by:				Indicate type of	return below:
Company Name:				Stock Adju	istment e in new, unused,
Contact Name:				resalable col	ndition)
Street Address:				☐ Warranty  Defective Go	ods
City: State:	Zip:				
Phone:	Fax:				
Pace Edwards Authorization:		Date	e:		

This form must be completed and faxed to Pace Edwards for Return Request at (360) 237-1503. A signed copy of this form must be attached to the packing slip for all inbound shipments to Pace Edwards. Any shipment arriving with out a pre-approved copy of this form will be refused.

IMPORTANT! ANY PARTS RETURNED THAT ARE NOT NOTED ON THIS FORM WILL BE RETURNED TO THE SENDER AT THEIR EXPENSE.