

CORE RETURN FORM

PHONE: 905-677-3522 FAX: 905-677-4618

	DATE:				DATE:		
				YOUR REFERENCE NUMBER:			
COMPANY:					FLEET CORES ONLY: PLEASE INITIAL BELOW IN THE EVENT THE		
ADDRESS:						FLEET CORE IS DENIED AND THE PRODUCT IS TO BE RETURNED AT YOUR COST	
PHONE	i:	FAX:	EMAIL:			INITIAL:	
TYPE O	F RETURN (<i>PLEASE</i>	CHECK ONE):					
	FLEET PARTS COR TRANSMISSION/I OTHER:		RE				
QTY	PART NUMBER	DESCRIPTION		INVOICE NUMBER	SERI	AL NUMBER	
REQUESTS							
						_	
INCLUDE A COPY OF THE SALES INVOICE OR PICK SLIP.							
IF THERE IS MORE THAN (1) UNIT ON THE INVOICE, A SERIAL NUMBER MUST BE SUPPLIED							
UNIT CORES RETURNED WITHIN (10) BUSINESS DAYS CAN BE SENT BACK COLLECT							
THE REFERENCE NUMBER YOU PROVIDE WILL BE USED FOR ALL CREDITS ON THIS RETURN							
AUTHO	RIZED BY (<i>CANAD</i>)	A POWERTRAIN):		DATE:			