

## PARTS DEPARTMENT DEALER RETURN/CREDIT REQUEST FORM

New Parts Only. Do Not Include Warranty Return Parts.

**Shipping address: 1301 STAHLY DR**, NAPPANEE, IN 46550

email: dpo@newmarcorp.com **DEALER** # PHONE # **DEALER NAME EMAIL** REQUESTED BY **ADDRESS** INV DATE ORDER # SUBMIT DATE INV# PARTS REP To receive replacement parts, place new order in ComNet PART# DESCRIPTION UNIT \$ TOTAL \$ QTY **COMMENTS** CREDIT REQUESTED PLEASE IDENTIFY RETURN REASON: Appt. at Factory (015) Freight Credit (012) Parts Rep Error (006) Shipping Error (007) Dealer Information Error (003) Incorrect Documentation (005) Processing Error Credit (013) Vendor Error (008) Dealer Return (002) Labor Credit (011) Purchasing Error (009) Warranty Dept. Return (004) Defective Product (010) Part of Part (014) Shipping Damage (001) Reminder: PARTS MUST BE RETURNED WITHIN 30 BUSINESS DAYS AFTER RETURN LABEL IS ISSUED THIS SECTION TO BE FILLED OUT BY NEWMAR PARTS REPRESENTATIVE **PARTS CREDIT \$ CREDIT** Approved Denied **RETURN PART** Yes Yes VCB No 20% RESTOCK FEE SHIP VIA **MISC** COMMENTS **CREDIT DUE** APPROVED BY DATE RETURN LABEL # DATE THIS SECTION TO BE FILLED OUT BY NEWMAR PARTS RECEIVING CONDITION Defective Good Damaged DISPOSITION **RCVD BY** RECEIVED QTY DATE