

# RETURN/WARRANTY PARTS CREDIT REQUEST FORM

<b>MEDA</b>	<b>E4817 HWY 14 Spring Green, WI 53588</b>	<b>Phone (608) 588-7878 FAX (608) 588-3528</b>
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For all returns of Stenner, Knight or IPSO parts, you will need to complete this form completely and fax it to Marcia at the MEDA office. She will place the claim for you with the appropriate vendor. When she hears back from the vendor, Marcia will contact you via fax with the information received from the vendor with instructions for you to send the part back to the vendor. When the credit is received MEDA will credit your account. NO CREDIT WILL BE GIVEN UNTIL WE RECEIVE CREDIT BACK FROM THE VENDOR.

**DO NOT SEND PARTS TO THE OFFICE!!** Any parts received in the office will be returned to you at your expense.

Date \_\_\_\_\_ Dealer Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Phone # (\_\_\_\_) \_\_\_\_\_

Distributor: (CIRCLE ONE) KNIGHT STENNER IPSO

Dealer Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

MEDA INVOICE NUMBER

QTY: \_\_\_\_\_

PART NUMBER: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

MODEL NUMBER: \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_

DATE PURCHASED: \_\_\_\_\_

DATE INSTALLED: \_\_\_\_\_

IF WARRANTY IS APPROVED: (CIRCLE ONE) CREDIT MY ACCOUNT OR RETURN NEW PART TO ME

PLEASE EXPLAIN THE REASON FOR RETURN – IN DETAIL BELOW:

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