LOWDOLLER MOTORSPORTS RETURN FORM

Date: _	Order Number:
Compa	ny/Name:
Address:	
City:	State:
Phone / Email:	
Reasor	n For Return
Please Circle All that Applies:	
0	New/Not Used Condition? Y or N Installed and Used? Y or N Exchange for Different Model/Series? Y or N
Damaged Part: If yes please circle all that apply and add any notes you feel are important.	
0 0	Part Defective on Arrival? Y or N Failed After Installation? Y or N Estimated Run Time Before Failure? Application Used On? i.e., Fuel, Oil, Back Pressure, Wastegate, etc Media in Contact With? i.e., Fuel, Oil, Transmission Fluid, Coolant, Brake Fluid, etc
REFUND NEEDED:	
0	YES NO
Notes:	