Longacre RACING PRODUCTS

SHIP ITEM DIRECTLY TO:
Hagar Motorsports
167 Gallagher Rd
Chelan, WA 98816

NON-WARRANTY SERVICE FORM

For Customer Assistance, call 509-761-6119 LIT-5019

Dear Longacre Customer,

This form is to be completed and returned with your Longacre product returned for NON-WARRANTY service. For warranty service, please complete the WARRANTY service form. If you are unsure if your part is under warranty please complete the WARRANTY service form.

1 • CUSTOMER'S RETURN SHIPPING ADDRESS

NAME

COMPANY NAME (If applicable)

STREET ADDRESS (UPS will not deliver to a PO Box)

CITY **STATE** **ZIP**

SHIPPING ADDRESS IS (CHECK ONE): ☐ Residential ☐ Commercial

E-mail Address: _____

2 • MODEL INFORMATION

Product description and part number if available: _____

3 • DESCRIPTION OF PROBLEM (S) (AT TIME OF FAILURE)

Has this product ever been sent into Longacre for service? ☐ Yes ☐ No

If Yes : Last date product was serviced _____

4 • SHIPPING METHOD

Please indicate a shipping method. Current shipping fees will be added. If a shipping method is not indicated, product will be shipped via UPS Ground to addresses in the 48 contiguous United States. All internationals items are shipped via UPS Worldwide Expedited.

☐ UPS Ground

5 • REPAIR / REPLACEMENT OPTIONS

Please select from the options below.

☐ **OPTION 1: Call with service estimate**

Customer will be contacted with an estimate of the charges to repair/ replace the item.
Contact Phone Number: ( ) _____

☐ **OPTION 2: Repair / Replace item**

I authorize Longacre to repair (or replace) item. If charges for service (less shipping) will exceed $ _____ please contact me with an estimate prior to repairing the item.

☐ **OPTION 3: Return item without repairing**

If charges for service (less shipping) are to exceed $ _____ item is to be returned to the customer un-repaired. Customer is responsible for return shipping costs.

6 • AUTHORIZATION TO SERVICE ITEM

I authorize Longacre Racing Products to service my product as I have indicated on this form. I understand that if my product is replaced, my original product will no longer be available. I also understand that if my product operates normally, (no problem found) **I will be charged return shipping fees.**

Customer's Signature (Required:) _____

Daytime Phone Number: ( ) _____

Date (Month / Day / Year): ___ /___ /___

7 • ADDITIONAL INSTRUCTIONS

Note: Carefully package your parts for shipment. Please DO NOT ship your scale pads in the 52-72292 Storage Box as this can lead to damage. Longacre is not responsible for damage during shipping.