

**JOBBER'S WAREHOUSE SUPPLY, INC.  
PARTS WAREHOUSE SUPPLY, INC.  
WISCONSIN ENGINE PARTS WAREHOUSE, INC.**

**Defective Goods Return /with Claim**

Please fill out the following information:

**DGR#** \_\_\_\_\_ (Customer must call warehouse where product was purchased from.) **Date** \_\_\_\_\_

*(Process time for claims is about 60 days)*

**Customer Information:**

Shop/Store Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_ (ext.) \_\_\_\_\_  
City \_\_\_\_\_ Fax # \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_

**Product Information:**

Vendor _____	Part# _____	Quantity _____
Vendor _____	Part# _____	Quantity _____
Vendor _____	Part# _____	Quantity _____
Vendor _____	Part# _____	Quantity _____
Vendor _____	Part# _____	Quantity _____

Date Installed \_\_\_\_\_ Date of Failure \_\_\_\_\_

Description of Failure:

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**Vehicle Information:**

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Engine \_\_\_\_\_

**Claim Information:**

Original Invoice # of Purchased Product \_\_\_\_\_

**\*Copy of all Labor Being Claimed:** (Please attached to this copy)

**\*After analysis has been made do you want the parts in question returned to you?** YES ( ) NO ( )

*(Parts will be returned at the customer's expense)*

**\*\*Please Read\*\* All paperwork for parts & labor must be submitted together with product in question.**

**No claims will be processed until all proper paperwork and product have been received together. All parts will be returned to sender at their cost without proper information.**

*For Office use Only: Hoelscher ( ), Carlson ( ), Ratcliffe ( )  
Jobbers ( ) Parts ( ) Wisconsin ( ) Date Received \_\_\_\_\_*