

WARRANTY PARTS  
RETURN FORM

**CLAIM** \_\_\_\_\_



BPR/RICO Manufacturing, Inc.

DEALER INFORMATION	
Name	
Address	
City/ST/Zip	
Contact	

CUSTOMER INFORMATION	
Name	
Address	
City/ST/Zip	
Contact	

**RETURN FORM WITH DEFECTIVE PART**

TRUCK INFORMATION		
SERIAL NUMBER:	MODEL:	HOURLY METER:

PARTS BEING RETURNED			
QTY	PART NUMBER	DESCRIPTION	PRICE

Return Deliveries via prepaid UPS  
Ground or Freight to:

**Rico Manufacturing Inc.**  
80 N. State Street  
Medina, Oh 44256  
Attn: Warranty Department

CLAIM # \_\_\_\_\_

**INTERNAL USE ONLY**

Damaged, broke, or signs of abuse: Y N \_\_\_\_\_

Internal test/evaluation completed: Y N

Send to vendor: Y N

Date \_\_\_\_\_ Authorized By \_\_\_\_\_

Also available on our website [www.RicoEquipment.com](http://www.RicoEquipment.com)

MATERIAL HANDLING REDEFINED

691 West Liberty Street | Medina, OH 44256 | phone 330.723.4050 | fax 330.723.4012 | www.RicoEquipment.com