

PRODUCT / PARTS REPLACEMENT REQUEST

Date: _____ Company Name: _____
 Name: _____ Email Address: _____
 Work Phone #: _____ Cell Phone #: _____

Problem Description:

Part Number Affected:	Part Number Affected:
P.O. # Affected:	P.O. # Affected:
MW Sales Order # Affected:	MW Sales Order # Affected:
Quantity Affected:	Quantity Affected:

Part Number Affected:	Part Number Affected:
P.O. # Affected:	P.O. # Affected:
MW Sales Order # Affected:	MW Sales Order # Affected:
Quantity Affected:	Quantity Affected:

FOR SHIPPING & HANDLING DAMAGE (CHECK ALL THAT APPLY)

- | | | |
|---|-----|----|
| • Damage discovered when carrier’s driver still present | Yes | No |
| • Concealed damage found after carrier’s driver left your facility | Yes | No |
| • Visible damage found while carrier’s driver present | Yes | No |
| • Carrier’s driver noted damage on delivery receipt (carrier’s bill of lading) | Yes | No |
| • You have photos that show what is damaged (if you check “yes” please send) | Yes | No |

NOTE: PLEASE SEND A COPY OF THE CARRIER’S SIGNED BILL OF LADING

SHIPPING / ORDER TAGGING INFORMATION FOR REPLACEMENT PARTS / PRODUCT

Business Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Country / Province: _____
 Zip / Postal Code: _____
 Tagging Info: _____
 Attention / Phone #: _____

Finished filling out this form?
 If you are typing in the fields, please save this pdf to your computer and then attach to your email (with copy of bill of lading)- otherwise scan/copy and then email or fax.

PLEASE RETURN THIS REQUEST TO CUSTOMER CARE (SEE EMAIL & FAX BELOW)

Questions / Call: 231-845-3118 • Fax: 231-843-6373 • Email: mwcustomer@metalworks1.com