RA REQUEST FORM



*Please note that some vendors require you to contact them first and obtain a case number before you can return the product to Mountain West for exchange. If the product is found not defective by the vendor, it will be billed back to the customer.

DEALER NAME:						
DEALER ADDRESS:						
DEALER PHONE#:						
PROBLEM WITH UNIT: _						
SERVICE REQUESTED:						
	□ CREDIT	□EXCHAN	IGE	□ NON WARRANT	Y WITH ESTIMAT	E FEE
NOTES / SPECIAL INSTI	RUCTIONS / E	DAMAGE / AG	CCESS	ORIES:		
A sales receipt must be cover shipping to the re	epair locatior	n. This is dea	ler re	sponsibility.		loes not
DATE:						
NAME:		SIGNA	ATURE	:		
RA# ASSIGNED BY MOU	JNTAIN WEST	- :				
INSTRUCTIONS FROM N	MOUNTAIN W	'EST:				

WASHINGTON BRANCH 1850 130th Ave NE Unit 2&3 Bellevue, WA 98005