



PPE Inc.
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NON-WARRANTY RETURN FORM

INSTRUCTIONS:

Please complete this form for **ALL** returns. Label the outside of the shipping box **RMA 2000**.

YOUR CONTACT INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Email: _____

VEHICLE INFORMATION:

PPE Product Model: _____ PPE Product Serial Number: _____

Your vehicle model: _____ Your vehicle year: _____

Non-Warranty Claim/Problem: _____

Sales/Service Contact: _____ (Please provide)

CREDIT CARD INFORMATION:

VISA MasterCard Discover AMEX

Card number: _____ Expiration: _____ Validation code: _____

Billing address: _____ City: _____ State: _____ Zip code: _____

IMPORTANT: Return your vehicle "back to stock" prior to shipping your programmer.

This form MUST accompany the product being returned

RETURN SHIPPING OPTIONS:

Ground 3rd Day Air 2nd Day Air Next Day Air Saturday

