



# WARRANTY PARTS RETURN FORM

This form must accompany all requested part returns.

Warranty authorization number: \_\_\_\_\_

Date:	
Company:	
Contact:	
Phone:	
Fax#:	
Hour Meter Reading:	

Quantity	Part Number	Description of Failure

**Return all parts prepaid to the factory with the completed warranty claims form to:**  
**Capacity Trucks**  
**Warehouse B**  
**401 Capacity Drive**  
**Longview, TX 75604**  
**1-800-458-3238**