



WARRANTY RETURN FORM

RG# _____

DATE: _____

MEMBER NAME: _____

PART#	QTY	PO# REQUIRED	PO DATE	REASON FOR RETURN

RETURN PRODUCT TO:

LONG ITEM DEVELOPMENT CORP.
2210 NATIONAL AVE.
INDIANAPOLIS, IN 46227

SEND THIS FORM FOR RGA# TO:

FAX – 317-780-1137
EMAIL - warranty@lidcorp.com

LID does not pay freight for return shipments

Updated: October 2021