

QUICK AND EASY CORE RETURN REQUEST



- 1. Completely fill out form below using only Pick Up Location information.
- 2. Fax this completed form to 763.390.3722 -or- email to core@reviva.com.
- 3. Upon receipt, your request will be processed, a carrier will be scheduled and you will receive a return Bill of Lading sent to you either by fax or email.
- 4. Securely affix the printed Bill of Lading to the core scheduled for pick-up.
- 5. If a pick-up is unsuccessful, please contact 877-357-7634 Option 3 to reschedule a pick-up or to discuss any issues with the pick-up request.

Pick up Location	on Name	***************************************		
Pick up Location	on Addre	ss:		
City:				State: Zip:
Pick up Location Contact:				Phone Number:
Email:				Fax Number:
Pick up Location	on Hours	of Operation:		
Shipment	Infori	mation:		
Pieces:				Lift Gate Required: (Circle One) **
				YES or NO
				**must have been paid for at time
				of order
Serial # of en	ngine se	ent to you:		
	CHECK ONE AND ONLY ONE BELOW:			
		Core		
		Warranty	Claim #:	
		Plant Inspection	Claim #:	
		New Return	RMA #:	8——————————————————————————————————————