



RETURN / REPAIR WHEEL(S)

DATE _____

RA# _____

CUSTOMER NAME _____ PURCHASE DATE _____

ADDRESS _____

PHONE _____

PURCHASED FROM _____

BIKE _____

ISSUE _____

REASON FOR NEW RETURN* & INVOICE # (IF APPLICABLE)

CREDIT CARD _____ CC# _____

EXP. DATE _____ CVV _____

TRACKING# _____ SHIP DATE _____

*20% RESTOCKING FEE ON ALL NEW RETURNS