

D&D Motor Systems, Inc.

www.ddmotorsystems.com

D&D Motor Systems, Inc
 215 Park Ave.
 Syracuse, NY 13204
 Phone: 315-701-0635
 Fax: 315-701-0859

Controller Return Authorizat~~on~~ Form:

[Please fill out the information below as completely as possible.]



RMA# _____ Date: _____

Alltrax Warranty # _____

(RMA Number will be issued by return email upon completion of this form)

Customer	Customer: _____ Contact: _____
	Address: _____
	City: _____ State: _____ Zip: _____ Country: _____
	Phone: _____ Fax: _____
	Email: _____
	Purchased Unit From: D&D Motor Systems, Inc.

Controller	Part #: _____	Throttle Type: <input type="checkbox"/> 0-5K Ω <input type="checkbox"/> 5K-0 Ω <input type="checkbox"/> E-Z-GO ITS <input type="checkbox"/> Yamaha 0-1K Ω <input type="checkbox"/> Club Car 5K-0 Ω	Custom Settings: Brake Current: _____ Max. Current: _____ Ramp Up: _____ Ramp Down: _____ Speed: _____
	Serial #: _____		
	Mfg. Date.: _____		

Vehicle	Model: _____	Motor Info: Mfg.: _____ Model: _____	Application Details: <i>(check boxes that apply)</i> <table style="float: right;"> <tr><td>Yes</td></tr> <tr><td>Lift Kit: <input type="checkbox"/></td></tr> <tr><td>Big Tires: <input type="checkbox"/></td></tr> <tr><td>Backseat or Utility Bed: <input type="checkbox"/></td></tr> <tr><td>Hilly Terrain: <input type="checkbox"/></td></tr> <tr><td>Flat Terrain: <input type="checkbox"/></td></tr> </table>	Yes	Lift Kit: <input type="checkbox"/>	Big Tires: <input type="checkbox"/>	Backseat or Utility Bed: <input type="checkbox"/>	Hilly Terrain: <input type="checkbox"/>	Flat Terrain: <input type="checkbox"/>
	Yes								
	Lift Kit: <input type="checkbox"/>								
	Big Tires: <input type="checkbox"/>								
Backseat or Utility Bed: <input type="checkbox"/>									
Hilly Terrain: <input type="checkbox"/>									
Flat Terrain: <input type="checkbox"/>									
Series <input type="checkbox"/> or Regen <input type="checkbox"/>	Fuse Used: Yes <input type="checkbox"/> No <input type="checkbox"/>								
Make: _____									
Year: _____	Battery Voltage _____ Vdc								
VIN#: _____	High Speed Gears: Yes <input type="checkbox"/> No <input type="checkbox"/>								

Description of Problem	<table border="1" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;">Time in Vehicle</td> </tr> <tr> <td><input type="checkbox"/> Less than 1 week</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 1 week - 3 months</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 3 months - 6 months</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 6 months - 1 year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> More</td> <td></td> </tr> </table>	Time in Vehicle		<input type="checkbox"/> Less than 1 week		<input type="checkbox"/> 1 week - 3 months		<input type="checkbox"/> 3 months - 6 months		<input type="checkbox"/> 6 months - 1 year		<input type="checkbox"/> More	
	Time in Vehicle												
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<input type="checkbox"/> 6 months - 1 year													
<input type="checkbox"/> More													
If NO problem is found with the controller or the controller is not covered under warranty, please: <input type="checkbox"/> return the controller to the above address. <input type="checkbox"/> return the controller to D&D for partial credit.													

Write the RMA number on the Shipping Box and ship unit to:

Alltrax, Inc.
 1111 Cheney Creek Road
 Grant Pass, OR 97527