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Headsight Returns

Name		Country	
Dealership		Phone Number	
Location		Current Date	
Address		Order Date	
City/State/Zip		Original Order Date	

Reason for Return

<input type="checkbox"/> Warranty	<input type="checkbox"/> No Longer Needed
<input type="checkbox"/> Needs Repaired	<input type="checkbox"/> Damaged
<input type="checkbox"/> Not What I Ordered	

Dealer Tech Name	
Phone Number	
Headsight Technical Support Name	

Action Needed

<input type="checkbox"/> Other Describe Below	<input type="checkbox"/> Warranty Approval
<input type="checkbox"/> None	<input type="checkbox"/> Correct or Replacement Parts/Kit

Description of Returned Item	
Description of Failure and/or Additional Notes	

Please include this completed form with each returned item