

# FORM G34ME

## FREE Replacement Program

(Include this completed form when returning your existing VSM G3 for replacement.)

Customer name: \_\_\_\_\_

Return Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Replacement VSM G3 part number is: \_\_\_\_\_

The replacement VSM G3 will be installed in:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Handling Fee: \$6.95

Shipping methods available:

UPS Ground, UPS Blue (2nd business day), UPS Red (Next business day)  
FedEx, US Postal Service or UPS Canada

Please allow 5 business days to process your replacement.

Thank you for your continued business.

To contact Customer Service call: 1.800.388.0073

Fax: 651.688.3588

*For Internal Use Only:*

Date Recv'd: \_\_\_\_\_ Date Replacement Shipped: \_\_\_\_\_

Accounting Order #: \_\_\_\_\_ UPS Tracking#: \_\_\_\_\_

Payment Type: \_\_\_\_\_ Total Amount: \_\_\_\_\_

