



Core Return Form

Wheelerfleet Order # _____

Company _____

Address _____

Wheeler Fleet Solutions

384 Drum Avenue

Somerset, PA 15501

www.wheelerfleet.com

PH: 814-443-7001

FX: 814-443-7105

Date: _____ Contact Name: _____

Item	Part No.	Description	Qty to Return	Qty Rec.	Remarks
1					
2					
3					
4					
Total \$					

Reason for return:

Approved items must be shipped to:

Wheeler Fleet Solutions

ATTN: Core Dept

501 Drum Ave

Somerset, PA 15501

(866) 439-2329

Return Approved by (completed by Wheeler Fleet Solutions): _____