EASTERN CATALYTIC

2151 Cabot Blvd. West Langhorne PA 19047 800-553-7199

All sections must be completed in full:		Date:	RGA#
The second secon			
PLACE OF PURCHASE		INVOICE #	
Address		WEB SITE UPL	
City/State or Prov		E-MAIL Zip/Postal Code	
ongrowing or FTOY		ZO FOSSE COSE	
CUSTOMER NAME Name		Phone	
Address		Email	
City/State or Prov		Zip/Postal Code	
Reason For Return			
TODOGRAF OF TROCAST	•		
CHECKLIST BEFORE REPLACE	NG:		
1. Check Freeze Frame Data		(attach documentation)]	
Check Spark Plugs, Wires, and Ignition System		(attach documentation)]	
Check Timing and Idle adjustments		(attach documentation)]	
Check if any additives were used		(attach documentation)]	
5. Check for Excessive Oil burning		(attach documentation)]	
-		(attach documentation)]	
6. Check Intake For Leaks (fuel / antifreeze)		(attach documentation)]	
7 Check Oxygen Sensor reading		(attach documentation)]	
8. Temperature test		(attach documentation)]	
9. Check for Vacuum leaks			
10. EGR System Checked		(attach documentation)]	
Vehicle Information:			
Year:	Make:	Model:	Sub Model:
Transmission: A/T / M/T	• Emissions Type: FED / CALIF. / L.E.V / U.L.E.V.	V.I.N. #	
Drive Type: 2X4 / 4X4	Production Date:	_	
David Located In Engine Com	partment (top of Radiator Support, Top of wheel well C	or Under The Hoodi panel)	
Decar cocated in Engine doing			
1) Call 800-553-7199 for	RGA # and shipping instructions		
) Fax completed form	with the UPS tracking # to ATTN: Warrant	ty Dept (215) 702-3606	
3) Attach a copy of the	completed form to the outside of the box t	with the RGA #	
Pending review of unit	returned a representative will determine w	arranty eligibility and issue cred	it if authorized
astern Catalytic warra	nty appliies to manufacturing defects only	and not for units damamged or	
ontaminated by the en	gine or emissions system		

Returns will not be accepted if not accompanied with this form