

# 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 Authorization Form:

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

RMA# \_\_\_\_\_ Date: \_\_\_\_\_

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

<b>Customer</b>	<b>Customer:</b> _____ <b>Contact:</b> _____			
	<b>Address:</b> _____			
	<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____ <b>Country:</b> _____	
	<b>Phone:</b> _____		<b>Fax:</b> _____	
	<b>Email:(optional)</b> _____			
	<b>Purchased Unit From:</b> D&D Motor Systems, Inc.			
<b>Controller</b>	<b>Part #:</b> _____	<b>Throttle Type:</b> 0-5K $\Omega$ 5K-0 $\Omega$ E-Z-GO ITS Yamaha 0-1K $\Omega$ Club Car 5K-0 $\Omega$	<b>Custom Settings:</b> Brake Current: _____ Max. Current: _____ Ramp Up: _____ Ramp Down: _____ Speed: _____	
	<b>Serial #:</b> _____			
	<b>Mfg. Date.:</b> _____			
<b>Vehicle</b>	<b>Model:</b> _____	<b>Motor Info:</b> Mfg.: _____ Model: _____	<b>Application Details:</b> (check boxes that apply) <u>Yes</u> Lift Kit: _____ Big Tires: _____ Backseat or Utility Bed: _____ Hilly Terrain: _____ Flat Terrain: _____	
	Series _____ or Regen _____			
	<b>Make:</b> _____	<b>Fuse Used:</b> Yes _____ No _____		<b>High Speed Gears:</b> Yes _____ No _____
	<b>Year:</b> _____	<b>Battery Voltage</b> _____ Vdc		
	<b>VIN#:</b> _____			
	<b>Description of Problem</b>			
<b>Description of Problem</b>	If NO problems can be found with the controller or the controller is not covered under warranty, please:			
	return the controller to the above address.      return the controller to D&D for partial credit.			

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

All Trax, Inc.  
1111 Cheney Creek Road  
Grant Pass, OR 97527

