



Apex 3 Bicycle Rack Frame Replacement

Labor Reimbursement Request Form

Safety Recall Campaign #13E-042

Company: _____

Address: _____

City, State, Zip Code: _____

Designated Contact:

Make Check Payable to/Remit to:

Name: _____

Title: _____

Phone: _____

Email: _____

Apex 3 Bicycle Rack Frame Replacement Labor Reimbursement Calculation:

Quantity of Apex 3 bicycle rack frame replacements completed: _____

$$\begin{array}{rclcl}
 \underline{\hspace{2cm}} & \times & \underline{\$100.00} & = & \$ \underline{\hspace{2cm}} \\
 \text{(Qty of Apex 3 racks above)} & & \text{(Labor credit per rack)} & & \text{(Total credit)}
 \end{array}$$

Sportworks Safety Recall Contact:

Meredith Wendt
Sales & Support Manager
P: (425) 483-7000 x59
F: (425) 488-9001
E: meredithw@sportworks.com

I hereby certify that the quantity of Apex 3 bicycle racks for which we are requesting credit have had their frames replaced with new Apex 3 Bicycle Rack frames in connection with Safety Recall Campaign #13E-042.

Signature: _____

Title: _____

Date: _____