

RETURN REQUEST

CUSTOMER # :	_____	RETURN REQUEST DATE:	_____
COMPANY NAME:	_____	CONTACT NAME:	_____
ORIGINAL PO # :	_____	ORIGINAL INVOICE # :	_____
BILL ADDRESS:	_____ _____ _____	PHONE:	_____
		EMAIL:	_____

ITEMS REQUESTED TO BE RETURNED:

Part Number:	_____
Part Number:	_____
Part Number:	_____
Part Number:	_____
Part Number:	_____
Part Number:	_____
Part Number:	_____
Part Number:	_____

QUANTITY REQUESTED TO BE RETURNED:

Quantity:	_____
Quantity:	_____
Quantity:	_____
Quantity:	_____
Quantity:	_____
Quantity:	_____
Quantity:	_____
Quantity:	_____

SPECIFIC AND CLEAR REASON FOR RETURN:

Please note, that parts are eligible for return up to 15 days after receipt. Items are not eligible for return unless a Return Request has be submitted and a Return Authorization Number has been issued. All parts are subject to a 15% restocking fee. Returns must be received within 25 days of the return authorization issue date.

PLEASE SUBMIT THIS RETURN REQUEST TO RECEIVE A RETURN AUTHORIZATION NUMBER BEFORE SENDING ANY ITEMS BACK FOR RETURN.