RGA# _____

PARTS MIDWEST, INC.
Automotive Parts & Accessories

Core Return Request Form

For larger requests, please attach a list of parts to return

Customer Name _____ **Today's Date** _____

Customer Account Number _____

Part Number	Quantity

****FOR CORE RETURNS ONLY****

****NO NEW RETURNS ON THIS FORM****

Return Authorized By: _____

Authorized Date: _____

Return Authorization Number: _____

Delivery Driver's Signature: _____

E-mail completed form to customerservice@partsmidwest.com
or Fax it to 612-331-1387 for review

Please retain a copy of this request for your records