



RGA# \_\_\_\_\_

### 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](mailto:customerservice@partsmidwest.com)  
or Fax it to 612-331-1387 for review**

*Please retain a copy of this request for your records*