PARTS MIDWEST, INC.
Automotive Parts & Accessories

Return Request Form

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

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

Customer Account Number _____ **Date of Invoice** _____

Part Number	Quantity	Invoice#	Return Code

Return Codes: **D = Defective** **W = Warranty** **N = New** **C = Core** **O = Other**

Comments: _____

_____

_____

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