



Return Request Form

Customer Name: _____

Today's Date: _____

Customer Account #: _____

Invoice Date: _____

Part Number	Quantity	Invoice #	Return Code

Return Codes: **D = Defective** **N = New**

Description of Defect: _____

Additional Comments: _____

Return Request Entered By (Full Name): _____

Authorization Date: _____ Return Authorization #: _____

Return-To Location: _____

Return Authorized By: _____

***Returns Must Be Received At Parts Midwest Within 30 Days of Approval
Or They Will Be Voided And Will Have To Be Resubmitted***

Email Completed Form To: returns@partsmidwest.com For Review