

# PacParts, inc.

## RETURN GOODS AUTHORIZATION

Cust. Name:	Return Authorization #
Address :	Invoice# :
	Inv. Date :
	Phone # :
City :	Fax # :
State :    ZIP...	E-Mail :

**RETURNING:**

QTY:	PART NUMBER	DESCRIPTION

**NEEDS:**


**REASON FOR RETURN:**

		DEFECTIVE
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Nature of Defect:

<b>Other:</b>		
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**REORDERED:**    \*\*Y9G\*\*\*\*\*BC    **Order# :**

Exchange		Ref./Cr. Difference		
Full Refund/CR		Bill Difference		
Ref/Cr.-Parts Only		Restocking Fee		
Other:				
Credit Card No.	_____			

<p><b>RETURNS MUST BE PREPAID</b>  <b>ENCLOSE THIS FORM</b></p> <p>This form does not insure credit/or exchange <u>ALL NEW PART RETURNS MUST BE IN ORIGINAL MANUFACTURERS WRAPS AND IN NEW AND UNUSED CONDITION.</u> Parts must be returned within 15 days from date of issue. No exceptions.</p>	<p><b>OFFICE USE ONLY</b></p> <p>Date Initiated: _____</p> <p>Salesperson: _____</p> <p>Date Rcvd: _____</p> <p>Rcvd By: _____</p> <p>Completed: _____</p> <p>Inv.# : _____</p> <p>Date: _____</p>
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**RETURN TO:**

PacParts, Inc.  
 1860 W Carson St. Suite 102  
 Torrance, CA 90501

**A copy of your PacParts Invoice must accompany this Return Goods Authorization Form.**  
 Return Authorization is good for 15 days from date initiated. No exception.

This return authorization form is not valid unless you have contacted our office for a return authorization number.  
 All items shipped without a valid authorization number supply by PacParts Inc.  
 will be promptly returned to sender at their expense.