

## PARTS RETURN FORM

Date	
RMA#	
CUSTOMER #	# NAME

RETUR	N CODES				
RTS) N	EW AND UN	USED PART <mark>(CORE)</mark> COR	e credit * <mark>(DA</mark>	MAGED) DAMAGED PA	RT NOT INSTALLED.
					OT USE DEFECTIVE OR NOT WORKING.
QTY	CODE	PART NUMBER	VENDOR	TAG # / INVOICE	DESCRIPTION
		200			

Fax list to (909) 428-6263 or e-mail to returns@coastparts.com