



## 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](mailto:returns@partsmidwest.com) For Review