A/C Parts Warehouse

Fax # 972-722-9488
Email glen@acparts.com

RETURN GOODS AUTHORIZATION

Customer _____ **Date** _____

Address _____

_____

Defective	Cust.Error	ACPW Error	Qty	Part #	Invoice #	Date	Defect Description

Originated By: _____ **Received By:** _____

NOTICE: ALL ITEMS SUBJECT TO INSPESCTION BY A/C PARTS WAREHOUSE AND/OR MANUFACUTURE.

RMA REQUESTED FROM: _____
DATE REQUESTED: _____ **RETURN TO:** _____
RESTOCKING CHARGE: YES ___ **NO** ___ **DOLLAR AMOUNT:** _____
FREIGHT – IN TO BE PAID BY: _____
FREIGHT – OUT TO BE PAID BY: _____
RMA NO. _____ **APPROVED:** _____
REQUESTED BY: _____