

PRODUCT RETURN REQUEST

Customer Details

Name _____

Address _____

Contact Name _____

AUTOPARTS

EXPRESS

For Internal Use Only

Processed By: _____

Approved By: _____

The aim of our returns procedure is to ensure efficiency in crediting returns to your account. Please ensure the following:

- Only items purchased within the last 12 months and active are acceptable for return.
- Parts or packaging not in a re-saleable condition unfortunately cannot be accepted for return.
- Please try to complete as much of the form as possible to ensure processing as quickly as possible
- This form should be faxed or emailed to Autoparts Express BEFORE any returns are dispatched.
- We will fax back confirmation of what products are accepted for return.
- A copy of the Autoparts Express form must accompany the returns.

3. Reason For Return - please tick relevant box for each part being returned

- | | |
|---|--|
| <p>A Part unused and returned in original condition</p> <p>B Part FAULTY (warranty form may be required)</p> <p>C Stock Cleanse (covering order may be required)</p> | <p>D Part did not fit - please check application</p> <p>E Part did not fit - please check product in box</p> <p>F Part did not fit - please check cross reference</p> |
|---|--|

1

2

3

Reason for Return

4

5

	Part No	Quantity	A	B	C	D	E	F	Invoice No	Invoice Date	Internal Use
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Customer Signature

Please Also Print

Date

Authorisation No:

Date: