



Required on ALL pages

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ACCT # \_\_\_\_\_

# Defective Return Form

ALL ITEMS RETURNED AS DEFECTIVE MUST BE ACCOMPANIED BY THIS FORM

## CUSTOMER INFORMATION

<b>Account #</b>	<b>Name</b>	
<b>Reference # (To display on actual credit)</b>	<b>Fax #</b>	
<b>Contact Name</b>	<b>PHONE #</b>	<b>DATE</b>
<b>Customer Branch/Location</b> (If applicable)		

## ITEM INFORMATION *Note: All returns are subject to inspection and do not guarantee credit.*

	<b>LINE CODE</b>	<b>PART #</b>	<b>QTY DEFECT</b>	<b>Explanation</b>	<b>Batch #</b>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

DUE TO THE STRICT ENFORCEMENT OF THE DEFECTIVE GOODS POLICIES BY OUR MANUFACTURERS WE ARE NO LONGER ABLE TO ACCEPT DEFECTIVE GOODS WITHOUT THIS FORM.

DO NOT RETURN TOOLS WITH THIS FORM. PLEASE CALL US.

