



Automotive Distributors Warehouse

RA# _____
Accessory Return Form

Customer Name _____ Contact Person _____ Date Faxed _____
 Customer # _____ Fax Number () _____ Email Address _____

Please select your delivery method:

- ___ ADW Delivery
- ___ DLI Delivery
- ___ UPS/FedEx

Directions: Complete Return Form, make copy and leave for ADW driver to pick up. Driver to sign both copies and leave one with Dealer.
 Directions: Complete Return Form and fax to 614-386-1973 for approval. Leave authorized copy with part(s) for DLI driver to pick up.
 Directions: Complete Return Form and fax to 614-386-1973 for approval. A call tag will be issued and faxed to dealer.

ACCESSORY RETURNS

Part Number	Part Name	Qty	Check One				Defect/Damage Explanation	ADW Invoice #	Reject Reason
			New	Defect	Concealed Damage	Ship/Box Damage			

TRANSIT WHEEL RETURNS

VIN Number (last 8 digits)	Invoice Number

ADW Driver Signature (local routes only)

Name	Date

Credit Invoice Number (office use only)

COMMENTS/SPECIAL INSTRUCTIONS:

*ADW accepts returns so long as:

1. Item was purchased from ADW
2. Item was purchased within 90 days of original invoice date
3. Parts are in resalable condition containing all original packaging

**If you receive items that have visible damage to the box and/or part, please call 1.800.421.5556 opt 2 within 5 days of delivery for replacement and authorization for return. Parts delivered with visible damage must be reported immediately in order to receive credit.