Accessory Return Form

Automotive Distributors Warehouse

Customer Name | Contact Person | Date Faxed

Customer # | Fax Number ( ) | Email Address

Please select your delivery method:

A - ADW Delivery Directions: Complete Return Form, make copy and leave for ADW driver to pick up. Driver to sign both copies and leave one with Dealer.

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

B - DLI Delivery Directions: Complete Return Form and fax to 614-476-9469 for approval. Leave authorized copy with part(s) for DLI driver to pick up.

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

C- UPS/FedEx Directions: Complete Return Form and fax to 614-476-9469 for approval. A call tag will be issued and sent via e-mail.
Please attach copy of authorization with part upon shipping.

			Check One				Tracking Number For Shipping Damages:			
Part Number	Part Name	Qty	New	Defect	Concealed Damage	Ship/Box Damage	Defect/Damage Explanation	ADW Invoice #	Reject Reason	Auth Number