



Automotive Distributors Warehouse

RA# _____

Accessory Return Form

Customer Name _____ Contact Person _____ Date Faxed _____

Customer # _____ Fax Number () _____ Email Address _____

Please select your delivery method:

DLI/ Unattended Delivery

Directions: Complete Return Form and fax to 614-386-1973 for approval. Leave authorized copy with part(s) for driver to pick up.

UPS/FedEx

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

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.