

P4L Parts Return Form

Salesperson:	Date:	Time:
P4L RMA#:		
Reason for Return	Wrong Part Sent to Customer (P4L Fault) <input type="checkbox"/> Misordered (Customer Fault) <input type="checkbox"/> Defective <input type="checkbox"/> Other:	
What customer wants	Part Repaired (Charge Customer) <input type="checkbox"/> Credit/Refund (Warranty Part) <input type="checkbox"/> Replaced Parts <input type="checkbox"/> Other:	

Company Name:		Phone #:	
Contact Name:		Fax #:	

Shipping		Mailing (if different)	
Street Address1:		St. Add1:	
Street Address2:		St. Addr2:	
City:		City:	
State:		State:	
Zip:		Zip:	
Country:		Email:	

<i>Stock Code</i>	<i>Part Description</i>	<i>Quantity Returned</i>	<i>Description of Problem with the Part – What Happened – Failure Condition</i>	<i>Original Invoice #</i>

Misc. Notes: