

RETURNS FORM

CUSTOMER NAME / ACCOUNT NUMBER:-	
INVOICE NUMBERS:-	
PART NUMBERS IF KNOWN	QUANTITIES
REASONS FOR RETURN	
<p>** Parts supplied correctly may be subject to a 15% handling charge.**</p> <p>This form <u>MUST</u> be returned with all goods</p> <p>All returns must have prior approval of Sussex Auto Parts Ltd.</p> <p>Failure to obtain this will result in the refusal of refund.</p>	