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 LS10 1QP

PART NUMBER	QTY	RETURN CODE (SEE BELOW)	REASON FOR RETURN	ORIGINAL EAG INVOICE #

COMPANY _____ ACCT # _____

PRINT NAME _____

SIGNATURE _____ DATE _____

CONTACT NUMBER _____

EMAIL ADDRESS _____

<u>RETURN CODES</u>	
1	NO LONGER REQUIRED
2	RECEIVED DAMAGED
3	WARRANTY
4	SURCHARGE

ANY SUPPORTING PAPERWORK MUST BE SENT WITH ALL WARRANTY CLAIMS
 PARTS MUST BE RETURNED LABELED WITH THE CORRECT PART NUMBER AND IN THE ORIGINAL PACKAGING (WHERE AVAILABLE)

INTERNAL USE ONLY			
INSPECTED BY	<input type="text"/>	CREDIT RAISED BY	<input type="text"/>
REASON FOR REJECTION		CREDIT NOTE #	DATE
_____		_____	_____