



# Parts Return Authorization

*\* PLEASE PRINT LEGIBLY AND FAX BACK TO CENTRAL @ 303-296-6202*

Date: \_\_\_\_\_ Salesperson: \_\_\_\_\_ Stock#: \_\_\_\_\_ Date of Invoice: \_\_\_\_\_

Invoice Number \_\_\_\_\_ Credit Number: \_\_\_\_\_ Clean-up \$ Refused: \_\_\_\_\_

Customer/Shop Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Adjuster Name: \_\_\_\_\_ Quote Number: \_\_\_\_\_ Date: \_\_\_\_\_

Adjuster Phone Number: \_\_\_\_\_

Person calling in Request: \_\_\_\_\_ Department: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance Adjuster: \_\_\_\_\_

Claim Number: \_\_\_\_\_ Verified by Adjuster: (Circle One)    Y    N

Date Verified: \_\_\_\_\_ Type of Return (Check One): No Show \_\_\_\_\_ Vehicle Total: \_\_\_\_\_

Excessive Damage: \_\_\_\_\_ Other: \_\_\_\_\_

Explain:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Central Foreign Salesman Authorization

\_\_\_\_\_  
Customer Request Signature

Returns subject to inspection:

\_\_\_\_\_

**Office Use Only Below this Line**

Date Picked Up: \_\_\_\_\_ Method: \_\_\_\_\_

Disposition: Stock \_\_\_\_\_ Return to Vendor \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Tracking Number: \_\_\_\_\_ QC on restock \_\_\_\_\_ By \_\_\_\_\_ Date: \_\_\_\_\_

