



RETURN REQUEST/AUTHORIZATION

DEALERSHIP NAME: _____

DEALERSHIP CONTACT PERSON: _____

DEALER CODE: _____ PHONE #: _____

FAX #: _____

PART NUMBER	QUANTITY	INVOICE #	REASON
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

****Parts installed, partially installed or damaged during installation are non-returnable**

**All returns must be authorized prior to pickup.

**Items returned must have been purchased from VIP ADI

**All items must be in original packaging with any hardware, information booklets, etc... included with the return

**Any item authorized for return, that is later deemed damaged or not covered by GM for warranty claim credit will not be issued credit

**Original invoice (or copy) must accompany part return

FAX RETURN REQUEST TO:
ST LOUIS (314) 428-5995

Initials/date approved