

EAST COAST AUTO SALVAGE INC
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RETURN PART AUTHORIZATION FORM

Please fill out the following information and include this form when returning your part.

NAME: _____ DATE: _____

DAYTIME PHONE #: (____)____-_____

YOUR VEHICLE: MAKE _____ MODEL _____ YEAR _____

EBAY ITEM #: _____

COMPANY INVOICE #: _____

CLAIM #: _____

WAS THIS PART INSTALLED AT A LICENSED REPAIR FACILITY? (CIRCLE ONE) YES / NO

REASON FOR RETURN: _____

WOULD YOU PREFER AN EXCHANGE OR REFUND? _____

Thank you for taking the time to fill out this form. This information helps us to properly process your return and make sure that you get your exchange or credit. Please do not forget to include this form along with a copy of our company invoice when you make your return. Your return must be shipped within 30 days of your warranty/return claim date. Thank you.