



PART RETURN DOCUMENT

*****PARTS MUST BE RETURNED WITH ALL ORIGINAL DOCUMENTATION*****

(PLEASE COMPLETE ALL FIELDS)

R.M.A. # (REQUIRED - CONTACT PPP FOR NUMBER): _____

PPP INVOICE #: _____ DATE OF RETURN: _____

PART NUMBER: _____

SERIAL NUMBER: _____

DESCRIPTION: _____

HAS PART BEEN INSTALLED/USED? YES ____ NO ____

YOUR COMPANY NAME: _____

COMPANY ADDRESS: _____

*REASON FOR RETURN: _____

RESTOCKING CHARGES MAY APPLY. COMPLETE THIS DOCUMENT AND RETURN WITH PART TO:

POWER PACKS PLUS
ATTN: RETURNS
1380 GREG STREET, SUITE 203
SPARKS, NV 89431
TEL. 775-322-8555

1380 GREG STREET, SUITE 203 SPARKS, NV 89431
TEL. 775.322.8555 FAX 775.322.8562
www.powerpacksplus.com