



CORE RETURN FORM

COX AIRPARTS INVOICE #: _____

DATE OF RETURN: _____

DESCRIPTION: _____

PART NUMBER: _____

SERIAL NUMBER: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

SQUAWK: _____

PLEASE RETURN THIS DOCUMENT WITH THE CORE WITHIN 30 DAYS OF INVOICE DATE TO:

**COX AIRPARTS, LLC
ATTN: RETURNS
3707 W 30TH STREET SOUTH
WICHITA, KANSAS 67217
316-945-0737
BCOX@COXAIRPARTS.COM**