



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
5460 N. LARSON ROAD
MAIZE, KS 67101
316-945-0737
BCOX@COXAIRPARTS.COM