

Parts Return Document

25% RESTOCKING FEE APPLIES

**TRANSACTION FEES (CREDIT CARD, ACH, WIRE TRANSFER) & SHIPPING FEES ARE NONREFUNDABLE
IF PART HAS BEEN INSTALLED, RECERTIFICATION FEES WILL APPLY AND PRICING WILL DEPEND ON CONDITION**

DATE OF RETURN: _____

COX AIRPARTS INVOICE #: _____

PART DESCRIPTION: _____

PART NUMBER: _____

SERIAL NUMBER: _____

HAS THE PART BEEN INSTALLED/USED? _____ **YES / NO**

YOUR COMPANY NAME: _____

YOUR COMPANY ADDRESS: _____

REASON FOR RETURN: _____

**PLEASE RETURN ALL ORIGINAL
DOCUMENTATION AND COMPONENT TO:**

**COX AIRPARTS
ATTN: RETURNS
5460 N. LARSON ROAD
MAIZE, KS 67101**

Phone: 316.945.0737
Email: bcox@coxairparts.com