

# Return Authorization Form

Certified Appliance Parts  
 393 Fortune Blvd.  
 Milford, MA 01757  
 800-305-0722

RA# \_\_\_\_\_

\*Issue Date: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Credited: \_\_\_\_\_

Please fill out all fields with \*

	*Part #	*Inv. No.	*Cost
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

\*Name: \_\_\_\_\_

Restock Fee: \_\_\_\_\_

\*Contact Person: \_\_\_\_\_

Service Co to Pay freight: \_\_\_\_\_

\*Service CO: \_\_\_\_\_

Certified Appliance Parts to pay

\*Street: \_\_\_\_\_

Freight: \_\_\_\_\_

\*City, State, Zip: \_\_\_\_\_

\*Reason for Return: \_\_\_\_\_

**Please Email Completed Request to CAP@certifiedapplianceparts.com for**

**Processing** \*Recommended Disposition:

Notes:

Any Product being returned as new that comes back repacked will be refused by our Warehouse. Boxes to be clear of all stickers and markings.

**Please tape 1 copy of RA to the Product**

**\*\*\* RA EXPIRES 14 DAYS AFTER THE ISSUE DATE \*\*\***