2277 E. North Street
Kokomo, IN 46901
ph: 765.456.3957
fax: 765.456.3960
www.CoanRacing.com

Returns

Account Number_____

Business Name_____

Customer Name_____

Address_____

City_____ State_____ Zip_____

Home Phone_____Work Phone_____Cell_____

E-mail Address_____

Invoice #	Salesperson
Returned By	Date Returned
Part #	QTY
Description	
S/N?	Part Checked By

Defective?_____ Wrong Part?_____ Other _____

Comments: