

Return Goods Authorization Form

Fifth Avenue
ANTIQUÉ AUTO PARTS

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www.fifthaveinternetgarage.com



Today's Date _____
Application _____ Engine _____
Name _____ Phone _____
Billing Address _____
Shipping Address _____
City _____ State _____ ZIP _____




Product Returned

PLEASE INCLUDE COPY OF ORIGINAL INVOICE.

Reason for Return

METHOD OF PAYMENT

I have enclosed Check Money Order or I wish to charge my order to: (\$25.00 minimum charge order)

VISA  MasterCard  Discover Card 

My account number is: _____ 3 Digit Security Code (located on back of credit card)

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Card Expiration Date: _____ / _____ Signature _____