

RETURN FORM

Name: _____

Invoice #: _____

Address: _____

Date Purchased: _____

Purchased From: _____

Phone: _____

List item(s) and a detailed explanation of why you are returning the item(s):

RG A # _____



Use this label for your package.

From: _____

TO: Stainless Steel Brakes Corp.
11470 Main Road
Clarence, NY 14031

RG A #: _____ Invoice #: _____