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Uniparts Inc. Repair & Return Form

In order to serve you, we ask that you please fill out the requested information so we may process your order with more accuracy and efficiency.
Please enclose a copy of this form with each order you send to us. Thank you for your cooperation.

Company Name: _____	Date: _____	
Contact Person: _____	Bill to: _____	
Ship to Address: _____ _____ _____	_____	
	<input type="checkbox"/> Same as ship to Address	
Phone: _____	Fax: _____	Email: _____
Shipping Method: UPS UPS RED UPS BLUE FEDEX FEDEX NDA FEDEX 2ND DAY OTHER:		
REPAIR PARTS: PO# (OPTIONAL) _____		
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
WARRANTY PARTS:		
1. _____		
2. _____		
3. _____		
CORE RETURNS:		
1. _____		
2. _____		
3. _____		
4. _____		