

# Return Goods Authorization Form

## Fifth Avenue

ANTIQUE AUTO PARTS

415 Court Street

Clay Center, KS 67432

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Email: [fifthavegarage@gmail.com](mailto:fifthavegarage@gmail.com)

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[www.fifthaveinternetgarage.com](http://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 \_\_\_\_\_