



MATERIAL RETURN FORM

Unless otherwise requested, all returns are to be shipped to:

I-CAR
5125 Trillium Blvd.
Hoffman Estates, IL 60192

Item #	Quantity	Part #	Description
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

SHIPMENT INFORMATION

Shipped by (Name): _____ Company: _____

Address _____ State: _____ Zip: _____

Daytime Phone: () _____ District #: _____ Date: _____

Shipment Authorized by (I-CAR Staff Member Only): _____

CLEARLY LABEL AND NUMBER ALL BOXES (1 of 3, 2 of 3, and 3 of 3).

ENCLOSE THIS FORM IN BOX NUMBERED "1"

FOR HOME OFFICE USE ONLY

Customer Key: _____

Entered by: _____ Date: _____