

STORE #

Inventory Purchase Request Form

DATE

Dealership Name/ Company :

Invoice or Reference Number:

Dealership / Company Phone Numer:

Customer Damage (\$ Amount **MUST** be under \$200) **YOU WILL STILL NEED TO COMPLETE A CLAIM & PROVIDE THE CLAIM # PRIOR TO US MAKING THE PAYMENT.**

Resale (Please make sure a copy of the receipt OR quote is attached)

Amount \$:

PO #:

Requested By (Employee Name):

Authorized By Whom:

Notes: