

MAHLE

PRODUCT INSPECTION RETURN TAG

DATE _____

DIST. NAME _____ PHONE # _____ MCI ACCT # _____

CUST. NAME _____ PHONE # _____ CUST # _____

PART NO. _____

NATURE OF DEFECT/
ADD'L INFO _____

Note: A separate tag must be used for each piece or set. All information must be supplied.

AUTHORIZATION _____ RGA # _____

MC-3-209

MAHLE

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