



# RETURN REQUEST

Date submitted: \_\_\_\_\_

Company: \_\_\_\_\_

Ship to: \_\_\_\_\_

Contact: \_\_\_\_\_

Address 1: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Address 2: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Customer Model# \_\_\_\_\_

Attn: \_\_\_\_\_

Return PO# \_\_\_\_\_

| QTY | MODEL # | SERIAL # | DESCRIBE PROBLEM |
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