

**RETURNED GOODS
IDENTIFICATION TAG****No.**

(must be attached to item returned)

Job Location _____

Date Installed _____ Date Removed _____

Service or Installation Company _____

Co. Name _____

Street _____

City/State _____

Removed by _____

(YOUR NAME)

Mfr. of Item _____

Mfr. No. _____

Mfr. Date Code _____

REASON FOR RETURN-Be Specific "Defective"

is meaningless

WHOLESALE OR O.E.M. MAKING RETURN

Co. Name Metropac IndustriesStreet 10 Annette RoadCity/State Foxboro MA

RETURNED ITEM REPLACED WITH:

(Complete Ident. No. and Mfr. Name)

WHOLESALE OR O.E.M. RETURNED GOODS NO.

 Repair & return Replace Credit Other _____

Standard Return Tag Furnished by Johnson Controls, Inc.

REMOVER - FILL THIS IN**WHOLESALE OR O.E.M. - FILL THIS IN**