

REMOVER - FILL THIS IN

**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. - FILL THIS IN

WHOLESALE OR O.E.M. MAKING RETURN

Co. Name Metropac Industries

Street 10 Annette Road

City/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 \_\_\_\_\_