

RETURNED GOODS IDENTIFICATION TAG NO.

(MUST BE ATTACHED TO ITEM RETURNED)

REMOVER - FILL THIS IN

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
 OTHER



Beckett

FORM NO. 6634