



RECEIVER

DATE: _____ P.O. #: _____

CUSTOMER: _____

CONTACT NAME: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX: _____ CELL: _____

EMAIL: _____

DESCRIPTION	P/N	S/N

OVERHAUL REPAIR EXCHANGE CORE RETURN – CORE

INVOICE# _____

ADDITIONAL INSTRUCTIONS:

PLEASE RETURN VIA: (CHOOSE ONE)

UPS GROUND UPS RED UPS EARLY A.M.
 UPS BLUE UPS 3DAY FED X-P1
 FED X-2DAY OTHER _____