



**YOUR PARTNER IN PRODUCTIVITY AND AUTOMATION®**

**34 HINDA BOULEVARD, RIVERHEAD, NY 11901 USA PHONE (631)727-8886 FAX (631) 369-3903**

## **PARTS RETURN FORM**

**PARTS WITHOUT THIS FORM WILL IMMEDIATELY BE RETURNED AT SENDERS EXPENSE.**

Please complete the form below to assure prompt replacement/credit. This form must be sent in to the above address completed along with parts being returned. Incomplete fields may delay the credit/replacement time. For more items please use back of Sheet. Please refer to both our return policy and/or warranty policy for more information in your manual.

### **CUSTOMER INFORMATION:**

Company Name: _____	Contact Name: _____
Street Address: _____	e-Mail Address: _____
City: _____	Phone Number: _____
State: _____ Zip: _____	Fax Number: _____

### **ITEM 1:**

Part Number: _____	Reason For Return: _____
PO# Ordered On: _____	_____
Description of part: _____	_____
_____	Model: _____ SN: _____

### **ITEM 2:**

Part Number: _____	Reason For Return: _____
PO# Ordered On: _____	_____
Description of part: _____	_____
_____	Model: _____ SN: _____

### **ITEM 3:**

Part Number: _____	Reason For Return: _____
PO# Ordered On: _____	_____
Description of part: _____	_____
_____	Model: _____ SN: _____

#### **For Internal Use Only:**

Received By: _____	_____
Received Date: _____	_____
Accepted/Rejected By: _____	_____
Accepted/Rejected Date: _____	_____
Action Taken: _____	Action Date: _____

**Manufacturers of Inspection Systems, Induction Cap Foil Sealers and Bottling Equipment for all Industries**

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