



RUSH Repair Shipper

Date: ____ / ____ / ____
mm dd yy

Rep ID #: _____

Customer Name: _____

Customer ID Code: _____

Address: _____

City / State: _____

Postal Code / Zip: _____

Contact: _____

Phone: _____

Fax: _____

Email: _____

Make, Model & Serial #	Quantity	Customer P/N	Customer PO

Description of issue: _____
