Sales Repair Shipper

Date: _____ / _____ / _____ **Rep ID # :** _____
mm dd yy

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: _____