For Your Convenience
Packing List

When shipping parts to us feel free to use this form to list all the parts you are sending. This ensures we know we have received everything you shipped.

NAME_____ _____

ADDRESS (NO PO BOX NUMBERS, WE MUST HAVE A COMPLETE STREET ADDRESS FOR RETURN SHIPPING)

STREET ADDRESS_____

CITY_____ **STATE**_____ **ZIP CO DE**_____

DAYTIME TELEPHONE (____) _____ **EVENING TELEPHONE (____)** _____

SPECIAL NOTES

NOTE ANY REPAIRS THAT YOU KNOW NEED TO BE MADE ON UNUSUAL PARTS . MARK WHICH IS THE SIDE THAT IS VISIBLE.

(IF YOU NEED MORE SPACE PLEASE FEEL FREE TO USE A SEPARATE SHEET OF PAPER OR MAKE COPIES OF THIS ONE.)

PART DESCRIPTION	NUMBER OF PARTS	TYPE OF WORK NEEDED