

COMMERCIAL

TRUCK EQUIPMENT CO.

RGM # _____

Return Authorization

Customer: _____ ACCOUNT #: _____

Address, City, Province Postal: _____

Courier: _____ Waybill number: _____ Prepaid or Collect
(check one)

Reason for return: _____

QTY	PART NUMBER - DESCRIPTION	INVOICE NUMBER	DATE	CUSTOMER PO	RESTOCK %

Received by: _____ Approved by: _____

Credit invoice: _____ Date issue: _____

RETURN TO STOCK Yes No

PUT ON WARRANTY SHELF

(Check all that apply)