



Addison Automatics, Inc. Return Form

Company Name: _____ Account # _____

Number of Boxes in Shipment _____ Contact Name: _____ Date: _____

Tracking numbers _____

Qty	Part#	Description	Order#/PO#	Serial A.M.#	Reason for Return: Credit/Core
1-					
2-					
3-					
4-					
5-					
6-					
7-					
8-					
9-					
10-					
11-					
12-					