

# RETURNED GOODS IDENTIFICATION TAG

(must be attached to item returned)

JOB LOCATION \_\_\_\_\_

Date Installed \_\_\_\_\_ Date Removed \_\_\_\_\_

Service or Installation Company \_\_\_\_\_

Co. Name \_\_\_\_\_

Street \_\_\_\_\_

City/State \_\_\_\_\_

Removed by \_\_\_\_\_

(YOUR NAME)

MFR. OF ITEM \_\_\_\_\_

MFR. NO. \_\_\_\_\_

MFR. DATE CODE \_\_\_\_\_

REASON FOR RETURN -Be Specific "Defective" is meaningless

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No. of compressor replacements this installation

WHOLESALE OR O.E.M. MAKING RETURN

Co. Name \_\_\_\_\_

Street \_\_\_\_\_

City/State \_\_\_\_\_

RETURNED ITEM REPLACED WITH:  
(Complete Ident. No. and MFR. Name)

\_\_\_\_\_

WHOLESALE OR O.E.M. RETURNED GOODS NO.

\_\_\_\_\_

**Bristol**   
**compressors**

REMOVER - FILL THIS IN

WHOLESALE OR O.E.M. - FILL THIS IN