

SD041603

DEFECTIVE PART RETURN AUTHORIZATION
ONE TAG FOR EACH PART

DEFECTIVE COMPONENT MUST BE RETURN FREIGHT PREPAID WITHIN 15 DAYS FOR CREDIT

UNIT SERIAL #: _____ UNIT TAG: _____ DATE REMOVED: ____/____/____

REMOVED BY: COMPANY: _____ CONTACT NAME: _____

ADDRESS : _____ PHONE # (_____) _____

CITY: _____ STATE: _____ ZIP: _____ SERIAL # OF NEW PART: _____

PART DESCRIPTION: _____

DESCRIPTION OF DEFECT (NO DEFECT/NO CREDIT): _____

**RETURN TAG MUST BE COMPLETED IN FULL
AND ATTACHED TO EACH DEFECTIVE PART**

TO BE COMPLETED BY ANNEXAIR

RETURN DEFECTIVE PART TO:



**ANNEXAIR INC.
ATTN: SERVICE DEPARTMENT
1125 BERGERON
DRUMMONDVILLE, QUÉBEC
CANADA J2C 7V5
TEL : 819-475-3302
FAX: 819-475-5892**

DATE RECEIVED: ____/____/____

MANUFACTURER _____

SUPPLIER _____

JOB # _____

AMR # _____

NOTES _____

ATTACH TO PART