

Eastern Aero Supply, Inc.



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MATERIAL AND CORE RETURN FORM

DATE RETURNED:

CUSTOMER NAME:

PACKING SLIP OR INVOICE NUMBER: (If possible, please attach copy)

PART NUMBER OF UNIT RETURNED:

SERIAL NUMBER :(If applicable)

REASON FOR RETURN: CORE CHARGE _____ -or- *OTHER _____

*If other please complete the following information

DATE INSTALLED:

DATE REMOVED:

TOTAL TIME ON ITEM:

DETAILS OF DEFECT AND REASON FOR RETURN: (Please be specific)

