



SEEKONK MFG.CO., INC.

87 PERRIN AVE.

SEEKONK, MA 02771

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QF 8.5.3-2

CUSTOMER RETURN FORM

COMPANY NAME: _____

BILLING ADDRESS: _____ CITY: _____ STATE _____ ZIP CODE _____

SHIPPING ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT NAME: _____ PHONE # _____ EXT _____

PO # _____

TYPE OF SERVICE:

REPAIR/CALIBRATE

RETURN FOR CREDIT

EXCHANGE

WARRANTY

LEVEL OF CALIBRATION:

STANDARD

TYPE 2

TYPE 3

TYPE 4

COMMENTS: _____

PLEASE NOTE: THIS FORM MUST BE COMPLETED AND ENCLOSED IN THE BOX WITH TOOLS.