



Page ____ of ____

6393 POWERS AVE
JACKSONVILLE, FLORIDA 32217
TEL - (904) 731-4711
FAX - (904) 737-8322

(For office use only)

Date: _____

RGA # _____ SALES ORDER # _____

CUSTOMER # _____

WARRANTY ORDER

CREDIT TO BE ISSUED, UNDER WARRANTY, ONLY AFTER ITEM(S) RETURNED FOR INSPECTION AND FOUND TO BE DEFECTIVE

REP NAME & CITY

REP P.O. #

NOTE: Incomplete order forms will delay entry and ship schedule MUST USE CORRECT ORDER FORMS

DATE

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TO:

SPECIAL INSTRUCTIONS:

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BILL FREIGHT TO: _____

Bill of Laden MARK: _____

SHIP VIA:

Shipping label MARK: _____

3rd party billing Rep/Customer (Full Discount Allowed) Freight Collect UPS Freight Prepaid & Add to Invoice
Freight Allowed Freight Prepaid Add to Invoice (Partial discounts Allowed) C.O.D. \$

Office Use	Qty	DESCRIPTION						LIST	EX LIST
		MODEL		RPM	CFM	SP			
		HP	Motor RPM	Volts	Phase	CYC 60	ENCL	MISC	

REFERENCE INFORMATION

ORIGINAL SALES ORDER # _____ ORIGINAL P.O.# _____ ORIGINAL INVOICE # _____

MODEL AFFECTED: _____ DEFECTIVE PART: _____

DESCRIPTION OF PROBLEM: _____

APPROX. INSTALLATION DATE: _____ LENGTH OF OPERATION: _____

FOR ADDITIONAL FANS - continue on separate warranty order form
ATTACH ALL SPECIAL QUOTES - Credit will be denied after entry unless quotes are faxed with order.
A charge may be imposed on all items returned for restocking.
Cancelled orders may be subject to charges. Incorrect prices will be changed to reflect current prices.
I have read and understand the current **Conditions of Sale** and agree to abide by them:

Signature: _____ Print Name: _____
Phone #: _____ Fax #: _____

TOTAL LIST	
MULTIPLIER	
NET COST	
TAX	
FREIGHT	
TOTAL NET COST	