



## CUSTOMER FEEDBACK / RETURN AUTHORIZATION FORM

COMPLETED BY \_\_\_\_\_ DATE \_\_\_\_\_

### CUSTOMER

|                        |                   |             |
|------------------------|-------------------|-------------|
| *NAME                  |                   | ACCOUNT NO. |
| *ADDRESS               |                   |             |
| *CITY                  | *STATE            | *ZIP CODE   |
| *CONTACT               |                   |             |
| *PHONE                 | FAX               |             |
| CUSTOMER REFERENCE NO. |                   |             |
| CCAR ISSUED            | RESPONSE DUE DATE |             |

### PRODUCT / SHIPMENT DETAILS

|                  |                    |            |
|------------------|--------------------|------------|
| QUANTITY         | MODEL / PART NO.   | SERIAL NO. |
| LESTER ORDER NO. | CUSTOMER ORDER NO. |            |

### FEEDBACK / REASON FOR RETURN

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\*Mandatory Fields

PLEASE DELIVER THIS FORM PROMPTLY TO THE SERVICE DEPT. UPON COMPLETION.

FM-9.1.1B  
QUALITY RECORD