

PACKING SLIP

Transaction:

Customer:

Shipping Address:

Shipping Date:

Invoice#:

Date:

Order/quote#:

Sales Person:

| Item Number | QYT | Unit | Item Description |
|-------------|-----|------|------------------|
|             |     |      |                  |
|             |     |      |                  |
|             |     |      |                  |
|             |     |      |                  |
|             |     |      |                  |
|             |     |      |                  |
|             |     |      |                  |
|             |     |      |                  |

Freight:

☐ Yes
☐ No

\*25% Restocking charge on all approved returns

