Core Return Form

DATE	

CUSTOMER INFORMATION

NAME: _____

ACCOUNT #: _____

EMAIL TO SEND BOL: _____

UNIT SERIAL #: _____

UNIT TYPE	SHIPMENT TYPE	DIMENSIONS
Automatic Standard T-case Diff Converter Other: _____	Skid Coffin Rack Cardboard Box Tote	Length: _____ Width: _____ Height: _____ Weight: _____

SHIPMENT INFORMATION

PICK UP ADDRESS: _____

HOURS OF OPERATION: _____

Does customer need a Power tail gate? If so, charge accordingly

Is this a residential address? If so, charge accordingly