

**T.F. Campbell Co.  
1203 Edgebrook Avenue  
Pittsburgh Pa. 15226**

**412-881-8006p**

**412-881-0437f**

**RETURN GOODS RECEIPT**

**\* REQUIRED FIELDS**

Date: (Must have one of the Three) \* Invoice, Sales, or PO#  
#

\* Company Name

\* Contact Name \* Phone number #

This form **MUST** be filled out in its entirety, if you have questions on this return, please contact your office or you may take this form back to your office and return with your part when all information is filled out.

\* Was this item installed?

Date Installed:

Date Removed:

YES \_\_\_\_ NO \_\_\_\_

\* Reason for Return, **BE SPECIFIC**. Bad is not a Reason.

\*

The T.F. Campbell Co., **will no longer be able to accept any returns after 30 days** unless defective under warranty. Parts ordered wrong, did not need, **WILL NOT** be Accepted. All items returned are subject to a 15% or more restock charge.

**ALL REFUNDS AND/OR REPAIRS WILL BE ISSUED ACCORDING TO THE MANUFACTURERS POLICY. NO EXCEPTIONS**

**Office Use Only:**

Date Code:

Received by:

Stock:

Return to Vendor: