

REPLACEMENT FORM

Complete this form and fax it to **786-497-3899** or email to your representative.

Bill / Ship to: **Store N°**
Attn:
Address:
City: **State:** **Zip Code:**
Phone: **Fax:** **E-mail:**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75
76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125
126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150
○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

QTYP	Product Description	Part Number	Price(Each)	Total Price

I am a duly authorized officer of the ordering company and have the authority to make this purchase and all commitments and promises contained herein. A 15% restocking fee will be assessed on any or product returned within 15 days of shipping. There will be no refunds or credits for any products returned after 15 days from shipment date.

Subtotal	
Tax	
Shipping	
Total	

Customer Signature/Date

Printed Name/Title