



Core Return Form

DATE	
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CUSTOMER INFORMATION

NAME: _____
ACCOUNT #: _____
EMAIL TO SEND BOL: _____
UNIT SERIAL #: _____

UNIT TYPE
<input type="checkbox"/> Automatic
<input type="checkbox"/> Standard
<input type="checkbox"/> T-case
<input type="checkbox"/> Diff
<input type="checkbox"/> Converter
<input type="checkbox"/> Other: _____

SHIPMENT TYPE
<input type="checkbox"/> Skid
<input type="checkbox"/> Coffin
<input type="checkbox"/> Rack
<input type="checkbox"/> Cardboard Box
<input type="checkbox"/> Tote

DIMENSIONS
Length: _____
Width: _____
Height: _____
Weight: _____

SHIPMENT INFORMATION

PICK UP ADDRESS: _____
HOURS OF OPERATION: _____

Does customer need a Power tail gate? YES / NO

Is this a residential address? YES / NO