



Page \_\_\_\_ of \_\_\_\_

6393 POWERS AVE  
JACKSONVILLE, FLORIDA 32217  
TEL - (904) 731-4711  
FAX - (904) 731-3202

(For office use only)

Date: \_\_\_\_\_

RGA # \_\_\_\_\_ SALES ORDER # \_\_\_\_\_

CUSTOMER # \_\_\_\_\_

# WARRANTY ORDER

**CREDIT TO BE ISSUED, UNDER WARRANTY, ONLY AFTER ITEM(S) RETURNED FOR INSPECTION AND FOUND TO BE DEFECTIVE**

REP NAME & CITY

REP P.O. #

**NOTE: Incomplete order forms will delay entry and ship schedule MUST USE CORRECT ORDER FORMS**

DATE

S  
H  
I  
P  
  
I  
N  
F  
O

TO:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
SPECIAL INSTRUCTIONS:  
\_\_\_\_\_  
\_\_\_\_\_

B  
I  
L  
L  
  
T  
O

BILL FREIGHT TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bill of Lading MARK: \_\_\_\_\_  
Shipping label MARK: \_\_\_\_\_

SHIP VIA:  
3rd party billing Rep/Customer (Full Discount Allowed)  Freight Collect  UPS Freight Prepaid & Add to Invoice   
Freight Allowed  Freight Prepaid Add to Invoice (Partial discounts Allowed)  C.O.D. \$

Office Use	Qty	DESCRIPTION						LIST	EX LIST
		MODEL		RPM	CFM	SP			
		HP	Motor RPM	Volts	Phase	CYC 60	ENCL	MISC	

## REFERENCE INFORMATION

ORIGINAL SALES ORDER # \_\_\_\_\_ ORIGINAL P.O.# \_\_\_\_\_ ORIGINAL INVOICE # \_\_\_\_\_

MODEL AFFECTED: \_\_\_\_\_ DEFECTIVE PART: \_\_\_\_\_

DESCRIPTION OF PROBLEM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROX. INSTALLATION DATE: \_\_\_\_\_ LENGTH OF OPERATION: \_\_\_\_\_

**FOR ADDITIONAL FANS - continue on separate warranty order form**  
ATTACH ALL SPECIAL QUOTES - Credit will be denied after entry unless quotes are faxed with order.  
**A charge may be imposed on all items returned for restocking.**  
Cancelled orders may be subject to charges. **Incorrect prices will be changed to reflect current prices.**  
I have read and understand the current **Conditions of Sale** and agree to abide by them:

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

TOTAL LIST	
MULTIPLIER	
NET COST	
TAX	
FREIGHT	
TOTAL NET COST	