

# RETURNED GOODS I.D. TAG

OE# \_\_\_\_\_ Line # \_\_\_\_\_ Branch # \_\_\_\_\_

Customer Name \_\_\_\_\_

Account # \_\_\_\_\_

MANUFACTURER \_\_\_\_\_

PART NUMBER \_\_\_\_\_

Date Code/Serial Number \_\_\_\_\_

Defect Reason \_\_\_\_\_

Date Installed \_\_\_\_\_

Date Failed \_\_\_\_\_

**UNITED REFRIGERATION, INC.**

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**Philadelphia, PA 19154**

**215-698-9100**