



AR#: _____

Name of WD: _____

Date: _____

CM# _____

Address: _____

Phone#: _____

Date Issued: _____

City/ST: _____

Fax#: _____

WARRANTY REPORT

CSF Part #	Date of Sale by WD	Date of Return to WD	SERIAL # (Very Important)	REASON (Brief Description)	(For CSF Use Only)	
					Comment	Price
# of Units: _____ Total Weight _____ (# of units x 17 lbs.)					Adjustment (Frt, etc)	
Customer Signature: _____					Total Credit	

Whse. Supervisors Signature: _____

Comment: _____

**SUBMIT ONLY AFTER ENTIRE SHEET IS COMPLETED FOR FREIGHT CREDIT -
WARRANTIES CANNOT BE PROCESSED WITHOUT SERIAL # AND REASON FOR RETURN.**