

# PACKING SLIP

CUSTOMER NAME:

\_\_\_\_\_

CUSTOMER  
BILL TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CUSTOMER  
SHIP TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MODEL NUMBER

SERIAL NUMBER

PO/RMA NUMBER

PHONE NUMBER

CELL NUMBER

	REASON	
	FOR	
	RETURN	
	CONTACT NAME	
	EMAIL ADDRESS	

Ship to:

**CPM PARTS**  
**C/O IZZY**  
**3525 S31ST STREET**  
**MILWAUKEE, WI 53221**

[WWW.CPMPARTS.COM](http://WWW.CPMPARTS.COM)

1.877.349.2767