

CARLYLE COMPRESSOR CORE RETURN FORM

			Date :		
Required fi	elds $(*)$ must be filled	in and a copy o	f this fo	rm included with	shipment
* CUSTOMER ACCOUNT #			Always use this # when returning parts		
SHIPMENT FROM:			RETURN TO:		
* Company Name:					
* Address (1):			Carlyle Compressor		
Address (2):			1391 Rock Mountain Blvd.		
* City:			Stone Mountain , GA 30083		
* Country (if applicable):					
* State & Postal Code:					
* Contact Person:			Please call customer service with		
* Phone #:			your tracking information, so we		
Fax #:			can provide a timely Core credit.		
Email:			1-800-673-2431		
* CUSTOMER ORDER (PO) #:			RA#		
		Product Itemized Deta	ils		
* QТҮ	* PART NUMBER	SERIAL NUMBER		* DESCRIPTION	Warranty RMA number (if
					applicable)
Customer Notes:					
	Internal Use only	Do Not Fill I	n Below He	re	
Comments: Date Received					ate Received