

Addison Automatics, Inc. Return Form

Company Name _____

Number of Boxes in shipment _____

Description	Order #	PO #	Serial #	Warranty Yes / no
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				
9. _____				
10. _____				
11. _____				