



Application For Authorization To Return Material

Customer Code	Application No.	Date	
Application to: PDC			PDC No
From Customer Name			
Street Address/			
City/State/Zip Code			

- Container Damage
- Damaged Before Shipment
- Defective
- Shipped in Error
- Unitized Incorrectly
- 01 Monthly Return
- 02 Termination
- 04 Exchange
- 12 Special
- Other _____

Date Recd _____ Register No. _____

* M.R. Code	Part Number	Part Name	Quantity to Return	Item No.	Original Order No.	* Disp. Code	Shipping PDC	Schedule Code	Ship/Quote Date	Comments: Explain in Detail Reason For Return

Comments _____

* For PDC use only

Customer Signature _____	Receiving PDC Signature _____
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