

Out of Box Failure and Shipping Damage/Discrepancy

Send Completed Form to PartsWorks Support Desk dmtpartorders@pb.com

1/29/2014

Items denoted by * are the Required.
Incomplete Form will delay processing.

Company Name *													
Email Address *													
Customer Account Number (CAN)*													
Street (line 1)*													
Street (line 2)													
City*				State*				Postal Code*					
Contact Name*								Telephone Number*					

Part Number*				Quantity*									
Part Number*				Quantity*									
Part Number*				Quantity*									
Part Number*				Quantity*									
Part Number*				Quantity*									
<i>Comments List Correct Part Number & QTY</i>													
Original PartsWorks™ Order Number*								PartsWorks™ Order Date*					
Part Condition*		Choose an item.											
Problem/Issue*		Choose an item.				Do you require a Replacement OR Credit? *		Choose an item.					