

PACKING SLIP

CUSTOMER NAME:

CUSTOMER
BILL TO:

CUSTOMER
SHIP TO:

MODEL NUMBER		REASON FOR RETURN	
SERIAL NUMBER			
PO/RMA NUMBER			
PHONE NUMBER		CONTACT NAME	
FAX NUMBER		EMAIL ADDRESS	

**PLEASE INCLUDE YOUR EMAIL ADDRESS SO
WE CAN PROVIDE UPS TRACKING INFO**

Ship to:

CPM SALES & SERVICE
1343 East Wisconsin Ave
Suite 101
Pewaukee, WI 53072

WWW.MEDICALPARTS.COM

1.877.349.2767/FAX 1.800.851.3101