



## Core Return Information

Company \_\_\_\_\_

Contact Name \_\_\_\_\_

Core Description \_\_\_\_\_

Shipping Courier

UPS

FedEx

Ship Date \_\_\_\_\_

Tracking Number \_\_\_\_\_

Total Weight Of Shipment \_\_\_\_\_ lbs.

Shipped To \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please fax completed form to 1-(888)-890-9104**

**Thank You.**