

PACKING SLIP

CUSTOMER NAME:

CUSTOMER
BILL TO:

CUSTOMER
SHIP TO:

MODEL NUMBER

SERIAL NUMBER

PO/RMA NUMBER

PHONE NUMBER

FAX NUMBER

	REASON	
	FOR	
	RETURN	
	CONTACT NAME	
	EMAIL ADDRESS	

Ship to:

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