STERLING
MOBILE SERVICES
Creating Solutions to serve you better

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PACKING LIST FOR INCOMING REPAIRS

Please complete the following information to ensure accurate return of your equipment. Thank You!

Bill To:

Company: _____
Address: _____
_____
City, State, Zip _____

Contact Name: _____
Contact Phone: _____

Ship To:

Company: _____
Address: _____
_____
City, State, Zip _____

Contact Name: _____
Contact Phone: _____

Equipment ***(Please use back side of this form if you need more room)***

Manufacturer	Model #	Serial #	Estimate?	Description of Problem

If your company requires a purchase order number for billing purposes, please provide below:

PO # : _____

We will ship back your equipment to you the same method it was shipped to us, unless otherwise noted. We will bill you freight at cost, prepaid and add. If you would like to ship on your account number, please provide us with your carrier account number and the method you would like your equipment returned.

Your preferred shipping carrier: _____ Your shipping account number: _____

Additional Comments / Special Handling Instructions: _____