STERLING
MOBILE SERVICES
Creating Solutions to serve you better

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PACKING LIST FOR INCOMING REPAIRS

If you do not already have a packing list, please provide the following information so that we may accurately ship your equipment. Thank you.

BILL TO:	**SHIP TO:**
COMPANY:	COMPANY:
CONTACT:	CONTACT:
ADDRESS:	ADDRESS:
PHONE:	PHONE:

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

MFG	MODEL #	SERIAL #	DESCRIPTION OF PROBLEM

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

P. O. # _____

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

Additional Comments/Special Handling Instructions:

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