

ADJUSTMENT REQUEST

SHADED AREAS FOR **PARMA CO**. USE ONLY ALL UNSHADED ARES <u>MUST</u> BE COMPLETED

NO	
DATE	

P.O. BOX 190 - PARMA, IDAHO 83660 - PHONE 208-722-5116 - FAX 208-722-6012

DEALE	ER NAME	ESS	.#	CUSTOMER NAME AND ADDRESS									
DEL WEDV DATE DATE DATE				USE/ACR	FS		SERIAL NO		INVOICE NO. INVOI		OICE DATE		
PRODUCT/MODEL			DELIVERY DATE DATE FAILED			USE/ACK	LS		SERIAL NO	•	INVOICE NO. INV		OICE DATE
TYPE (OF REQUE	EST	(ATTAC	СН СОРУ (OF REPLACEMEN	l T PARTS INVO	ICE TO	REOU	EST)				
WARR			(11111)		N GOODS								
REGISTRATION YES NO			USED		NEW	OTHER (EXPLAIN)							
QTY	1	NUMBER	0522		DESCRIPT	ION			ACCT.#	1	UNIT PRICE	DISC.	EXTENSION
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						_							
WERE	ABOVE P	ARTS REPI	ACED?	INVOICE NO.		DATE			TOTAL EXTENSI		NSION		
EXPLA	IN FAILU	RE IN FUL	L DETAI	L	(ATTACH ADDIT)	IONAL PAGE I	F NECE	SSARY)]	LABOR HRS	RATE	
											TOTAL CRI	EDIT	
										PA	RTS RETURNE	D ON:	
										RR		DATE	•
										VE	NDOR PAI		EGISTRATION
										ОТ	HER		
COMM	ENTS:						REVIE	WED B	Y:			DATE	
CICNE	<u> </u>							ALLON	VED	P	ICALLOWED	DATE	
SIGNED							ALLOWED FINAL HOLD			ט	ISALLOWED	DATE	