



RETURN MATERIAL TAG

Br. —

DEALER

ADDRESS

CONSUMER

ADDRESS

PART NAME

PART NO.

CODE DATE M.R.T.

EQUIP. PURCHASED ON INV. NO.

DATE INSTALLED

DATE STARTED

DATE FAILED

DATE REMOVED

UNIT MODEL NO.

UNIT SERIAL NO.

NEW COMP. SERIAL NO.

OLD COMP. SERIAL NO.

NATURE OF FAILURE
(BE SPECIFIC - DO NOT USE "DEFECTIVE")

INVOICE NO. OF REPLACEMENT DATE

CREDIT MEMO #

DEALER SIGNATURE DATE

DATE RECEIVED BY B-Y CO.

B-Y AUTHORIZATION

CHECK IF VALUE OF ITEM
RETURNED IS OVER \$100.00

PLEASE ATTACH TAG TO DEFECTIVE DEVICE