PALMADOOR SYSTEMS INC.

Return / Drop Off Form

Dealer / Customer Name: _____

Order # _____ PO: _____

Reason for return/dorp off:

_____

_____

Who dropped it off:_____

Product / Material Details

Product/ Material Name:_____

Product/ Material Quantity:_____

Return Condition: ☐ New ☐ Damaged ☐ Defective

Work to be done:

_____

_____

Received by:_____ Date:_____

CLEAR FORM