Print Form

BEKO TECHNOLOGIES Equipment Return Request

Company Name _____ Date _____

Street _____ Phone _____

Street 2 _____

City/State/Zip _____

Contact Name _____

Contact e-mail _____

(e-mail to contact for any credits)

BEKO Technologies CORP
900 Great Southwest PKWY SW
Atlanta, GA 30336
USA

Phone: +1 800 235 6797
www.beko-technologies.com

Ticket # (Required If Already Provided) _____ Ticket# Provided By: _____

Item Detail Return Request

Material Number Qty Reason For Return

Enter one or more of the reference numbers for each unique material number

Material Number _____ Qty _____ _____

Order Number _____ **OR** Delivery Number _____ **OR** Invoice Number _____ **OR** PO Number _____

Material Number _____ Qty _____ _____

Order Number _____ **OR** Delivery Number _____ **OR** Invoice Number _____ **OR** PO Number _____

Material Number _____ Qty _____ _____

Order Number _____ **OR** Delivery Number _____ **OR** Invoice Number _____ **OR** PO Number _____

Material Number _____ Qty _____ _____

Order Number _____ **OR** Delivery Number _____ **OR** Invoice Number _____ **OR** PO Number _____

Material Number _____ Qty _____ _____

Order Number _____ **OR** Delivery Number _____ **OR** Invoice Number _____ **OR** PO Number _____

Customer Comments

Please refer to BEKO TECHNOLOGIES Technical Service Support & Warranty Policy for specific details and questions on equipment & parts returns.

BEKO Technical Service Comments

Date	Create/Rev.:	Released	Rev.:
11/3/2020	tlh	12/7/2020	1

Reviewed By: _____ Review Date _____