



BEKO TECHNOLOGIES Equipment Return Request

Company Name: _____
 Street: _____
 Street2: _____
 City/State/Zip: _____
 Contact Name: _____
 Contact e-mail: _____
 Date: _____
 Phone: _____

Ticket # (Required If Already Provided): _____
 Ticket # Provided By (BEKO Tech Svc): _____

Item Detail Return Request

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

Material Number: _____
 Qty: _____
 Reason For Return: _____
 Reference Number: _____

Material Number: _____
 Qty: _____
 Reason For Return: _____
 Reference Number: _____

Material Number: _____
 Qty: _____
 Reason For Return: _____
 Reference Number: _____

Material Number: _____
 Qty: _____
 Reason For Return: _____
 Reference Number: _____

Customer Comments
 Additional Information: _____

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

Date	Create/Rev:	Released	Rev:
11/9/22	Tlh	11/15/22	2