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ITEM PICK-UP / RETURN SHEET

Basic Information:

Dealer Name: _____ Date: _____

Phone: _____ Email: _____

Original Order Information:

Job number: _____ Ordered by: _____ On: _____

New Order Information:

Service Requested of Fenetex: _____

Special Notes: _____

Confirmation:

Your Name: _____ Date: _____

Signature: _____