



Fabrication Enterprises Inc.
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Discrepancy Form

CONTACT INFORMATION (person completing form)

Date: _____ Company Account #: _____

Account Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Fax: _____

Email: _____

Purchase Order#: _____ Date of PO: _____

PRODUCT INFORMATION

Item #: _____ Lot# (if available) : _____ Quantity: _____

Item Description: _____

REASON FOR RETURN (please check all that apply)

Damaged (explain): _____

Defective (explain): _____

Ordered Wrong Item

Incorrect Item Received Ordered: _____ Received: _____

Other: _____

Do you require a replacement? No: Yes If Yes complete below:

Ship to: Same Other Address: _____

PLEASE EMAIL OR FAX COMPLETED FORM TO:

returns@fabent.com

Fax: 800-634-5370

Phone: 800-431-2830 x 1121