



Packing Slip

send this copy with your shipment

Company Name _____

Street Address _____

Address 2 _____

State _____

Zipcode _____

Phone _____

Fax _____

Contact _____

Title _____

Email _____

Flux Type _____

Wire Type _____

Code (if applicable) _____

Estimated Yearly Usage _____

Comments _____



Packing Slip

keep this copy for your records

Company Name

Street Address

Address 2

State

Zipcode

Phone

Fax

Contact

Title

Email

Flux Type

Wire Type

Code (if applicable)

Estimated Yearly Usage

Comments