



DISTRIBUTOR DIRECT SHIP WARRANTY PART ORDER

Order Placed By: _____

Date: _____

Order Taker: _____

No. _____

Distributor: _____

Shipped To: _____

Ship - Via - Route	FOB.	PPD.	CHG.	Req. Ship Date

Product Information:

Model Number: _____

Serial Number: _____

Length: _____

Color: _____

Customer Name: _____

Address: _____

City: _____ State: _____ Zip _____

Date of Purchase: _____

Description of Problem: _____

Quantity

Part Number

Description

_____	_____	_____
_____	_____	_____
_____	_____	_____

Remarks: _____

WHITE COPY - DOMETIC'S
 YELLOW COPY - DISTRIBUTOR'S
 PINK COPY - DEALER'S

REVISION:

Form No. 3309986.002 7/05

(Replaces OS1462)

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The Sign of Comfort