



Date Received _____

Date Returned _____

Rebuild Packing List

Item(s) to be rebuilt

Serial Number (if applicable)

_____	_____
_____	_____
_____	_____
_____	_____

Contact Information

Name _____

Address _____

Phone _____

Return to (if different)

Name _____

Address _____

Phone _____

Notes and/or special instructions: Please let us know if your item was having any particular problems.

Please fill out the information above and enclose this form in the box or crate with your item. Ship to the address below. If your item weighs more than 150 pounds, please call so we can arrange the motor freight for you.

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