



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 _____



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keep this copy for your records

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