



CUSTOMER RETURN BIN FORM

DATE SHIPPED _____ CUSTOMER NAME _____
REF. OR B/L # _____ COUNTED BY: _____
TRUCKING CO _____ TRAILER I.D. _____
RAILCAR# _____ SEAL# _____

	AMOUNT SHIPPED	AMOUNT RECEIVED
TOPS	_____	_____
BASES	_____	_____
METAL SIDES	_____	_____
WOOD SIDES	_____	_____

DATE ARRIVED: _____
COUNTED BY: _____
FORKLIFT DRIVER: _____

NOTE: Customer may not receive full credit for pieces that are non-usable: (e.g. any returns with damage due to excessive strapping, over bracing the load, or forklift damage at time of return).

UPON SHIPPING, PLEASE COMPLETE FORM AND **EMAIL TO:** TTK_Ship_Appointments@njfco.com
OR **FAX TO** 559-659-1231 AND SEND A COPY WITH SHIPPER. THANK YOU

ALL RETURNS SHOULD BE SENT TO: TOMATEK INC. 2502 N ST, FIREBAUGH, CA. 93622

