



7014 Beaver Dam Rd., Levittown, PA 19057
215-949-1550 FAX 215-949-1578
www.avcosupply.com

RETURN FORM

CONTRACTOR/COMPANY:

Name:

Address:

Contact:

Phone:

HOMEOWNER/END USER:

Name:

Address:

City/State/Zip:

Model number:

Serial number:

Date unit was installed:

PART INFORMATION:

Part number:

Part description:

AVCO invoice# ORIGINAL PART was purchased:

AVCO invoice# REPLACEMENT PART was purchased:

FULL DESCRIPTION OF PROBLEM:

ADDITIONAL INFORMATION MAY BE REQUIRED
DEPENDING ON WHAT IS BEING SUBMITTED