ACE VIDEO/ACE Props

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_____**Pieces**

Sales	☐
Rental	☐
Repair	☐
Order	☐
Loaner	☐

Page ___of ___ Pages

Stamp Date and Time Returned

Packing Slip

Billing Address
Client: _____
Address: _____
_____
Contact: _____
Telephone: _____

Shipping Address
Company: _____
Address: _____
_____
Attention: _____
Telephone: _____

Rep.	Terms	Order/ Invoice#	Client Name	Client Po #	Shipped Via	Date Shipped	Job Name	Job #

Qty.	Manufacturer	Model	Description	Serial#/Inventory#	Rec'd	Done

Return shipment checked in by_____

Received By: _____ Date Received: ____/____/____ Time: _____ ☐ AM ☐ PM
Please Print

Signature: _____ Day of the Week: _____

This job was prepared by: _____

If for any reason you are not completely satisfied, please call me immediately.

Thank you for choosing ACE VIDEO/ACE PROPS !