Metal-Fab, Inc.
P O BOX 1138
Wichita KS 67201
Phone: 800-835-2830
Fax: 316-943-2717

Date _____

Manufacturer's Representative _____

Distributor _____ Location _____

Credit Request/Field Inspection Form

Please describe the part failure in detail and enter date code in appropriate column. (Date Code = First two digits indicate YEAR, Letter indicates MONTH, Last two digits indicate DAY.) Please indicate Type M for manufacturing related defect or Type H for a problem related to handling.

Part #	Qty	Type M or H	Code Date	Description of Failure

Metal-Fab may request that specific parts be returned on a case-by-case basis to help with analysis and elimination of failure source.