

HSM

TRANSPORTATION SOLUTIONS

417 N. Kibler St.
New Washington, OH 44854

ATTENTION: CUSTOMER SERVICE DEPT.

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RECALL PARTS KIT ORDER CARD

RECALL # 18E056

CUSTOMER NAME: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

VEHICLE IDENTIFICATION "VIN" NO('S): _____
(PLEASE ATTACH A V.I.N. LIST AS NECESSARY)

ORDER DATE: ____ / ____ / ____.

PLEASE SPECIFY THE ORDER QUANTITY OF THE FOLLOWING PARTS:

HSM Seat Impact Pad - 30" Part # _____ QTY. ____ EA.

SIGNATURE: _____ DATE: _____

HSM CONTACT: bautz@hsm solutions.com or Fax: 419.492.2544

RECALL PARTS KIT ORDER CARD

RECALL # 18E056

CUSTOMER NAME: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

VEHICLE IDENTIFICATION "VIN" NO('S): _____
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