

CUSTOMER RECEIVING FORM

NORIBACHI

Purchase Order Number _____

Package Contents

Customer Details			
Company	_____	Contact	_____
NORIBACHI JOB Number *	_____		
JOB Name	_____		
Address	_____	Phone	_____
	_____	Email	_____
City	_____	State	_____ Zip _____

*Email SALES@NORIBACHI.COM for job number. Job number **MUST** be included or package will be shipped back.

For internal use only	
Job #	_____
Make	_____
Model	_____
Received	_____

SHIP TO:

ATTN: Customer Receiving
NORIBACHI
1515 240TH Street
Harbor City, CA 90710