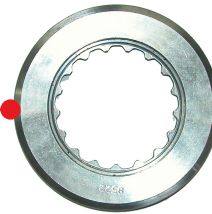


CORE RETURN FORM

To receive full credit, core parts AND this completed form MUST be returned.

C1 Bottom Apply Plate



Your contact info:

Name: _____

Address: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

INVOICE # or SALES PERSON: _____

Ship this completed form and parts to:

PPE Inc.
5011 Brooks St, Montclair CA 91763

QUESTIONS: Call (714) 985-4825

PPEdiesel.com