

Product Return Form

SHANGHAI PI CHEMICALS CO.,LTD

* Form No.: _____

Date: _____

Regular fields are required so that we can help you fulfill your request.

Customer Account No.: _____

Company/Institute: _____

Full Name: _____

Title: _____

Phone: _____

Fax: _____

Email: _____

PO No.: _____

Product Number: _____

Chemical Name: _____

CAS No.: _____

Invoice No.: _____

Please type your inquiry and reason:

Please fill in this form, and fax to 86-21-58953701. Call 86-21-58953700 for questions.

* Leave Form number blank, we'll fill it.

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