

HSM

TRANSPORTATION SOLUTIONS

4925 State Line Road
Fort Smith, AR 72916

ATTENTION: CUSTOMER SERVICE DEPT.

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RECALL PARTS KIT ORDER CARD

RECALL # 19E010

CUSTOMER NAME: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BLUE BIRD BODY NO ('S): _____
(PLEASE ATTACH A BODY NUMBER LIST AS NECESSARY)

ORDER DATE: ____ / ____ / ____.

PLEASE SPECIFY THE ORDER QUANTITY OF THE FOLLOWING PARTS:

HSM Recall 19E010 Repair Kit # _____ QTY. ____ EA.

SIGNATURE: _____ DATE: _____

HSM CONTACT: clmurphy@hsm solutions.com or Fax: 479.648.8374

RECALL PARTS KIT ORDER CARD

RECALL # 19E010

CUSTOMER NAME: _____

SHIPPING ADDRESS: _____

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