N°

**CODE CLIENT……..**

***COPIE DE BL OBLIGATOIRE***

**87 AV DU 69° RI**
**TEL 03 03 18 07 44**
**FAX 03 83 45 16 71**

# DEMANDE DE RETOUR PIECES NEUVES

EMETTEUR :

DATE

| QTES | REFS | DESIGNATION | N° DE BL | MOTIF DU RETOUR | ABATTEMENT | | % | OBSERVATION |
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