Continental Industries

Continental Register • Auer Register • AirJet Venting Systems

_____
CONTROL #

PRODUCTION IMPROVEMENT
SERVICE IMPROVEMENT

DATE:_____
CUSTOMER: _____
ADDRESS: _____

PHONE: _____ FAX: _____
CONTACT: MR./MRS._____
CRC PERSON TAKING COMPLAINT: _____

STYLE OF PART _____ PCS. _____ COLOR _____
SIZE _____ DATE STAMP _____ NAME STAMP _____

PROBLEM (BE SPECIFIC) _____
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ACTION TO BE TAKEN: _____
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