



* 17141 State Road 4 * P.O. Box 608 * Goshen, IN. 46527-0608
 Telephone (574) 533-0302 * Fax (574) 533-3851
www.troyers.com

Product Resolution Form

DSR Name : _____

Date : _____

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**M
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Troyer Item # : _____
Item Description : _____
Manufacturer/Packer : _____
Date on Product : _____ **Pack Size :** _____
Weight on Product : _____ **UPC # :** _____
Manufacturer item # (if available) _____

Customer # : _____
Customer Name : _____
Address : _____
City : _____ **State :** _____

Contact Name : _____
Date Product was Received : _____
Information on the complaint : _____

Pictures of Product Emailed :

Tags or Picture of Tags Sent :

PLANT ESTABLISHMENT NUMBER/ {EST 245D} : _____
SERIAL NUMBER {7 DIGIT NUMBER} : _____
PRODUCTION TIME (4 DIGITS) : _____
PRODUCTION DATE : _____
PRODUCT CASE CODE : _____

01 690271 82803551 3201 000 7391 1 001 00232 1 0280572864

1
 Est. 245N ← **Establishment Number**
 028 ← **Serial Number (7 Digit #)**
 0572964 ← **Production Time**
 245N00277 1534
 Pack Date *****
 10/3/00 ← **Production Date**
 Net Wt. Lbs
 73.9 ← **Box Weight**
 33.52 Kg

D-2147-AC **BEEF RIBEYE LIP-ON**
 U.S.D.A. CHOICE OR HIGHER
 356j 13 1/2 / U
 Product Case Code

- Please fill out the form completely, stating the nature of the problem or request clearly.
 - Please write clearly & include as much info as possible, so the credit process can be expedited without delay.
 - Please note, this is NOT a credit authorization form, it is for relevant information required to submit to the Vendor for product disposition of problematic merchandise.
 - All product must be stored at proper temperature, packed in their original containers and free from additional markings on the box, such as "return to vendor, do not use, etc."
- Drivers cannot pick up items that are not packed in their original box or not maintained at proper ambient temperatures.

Excel: Troyer Product Resolution Form 2016



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