CEREAL KILLER CONTAINERS

REJECTION REVIEW FORM 401-598-1004 support@cerealkillers.co Revision 2 25 Smith St Providence, RI 02903	Customer's Name: Company Name: Customer's Addres Town, State Zip: Date: Project Title: Project Description Invoice Number: Returns:	Hot Wheels LLC	_	
What Will Be Completed	Ai	nswer/Solution	Section C	
1. What caused the rejection?				
2. Is this a product we can still complete?				
3. What do we need to do to get this working?				
4. Do we need additional parts or materials?				
5. Is there a change in cost? Should the customer be notified?				
6. Who will be responsible completion of this?	for the			
		nal Review Status	Accept	Reject
	Please sign below to Coordinator	confirm the form has been fully rev	riewed and com	oleted in full.