

# TOOL REPAIR FORM

Date: \_\_\_\_\_

Purchase Order #: \_\_\_\_\_

To help us assist you in this tool repair, please complete the form below and mail this form in with your tool. Your tool will be evaluated and a repair estimate will be provided before repair work begins. **\*All repairs must be approved and a P.O. number must be provided.**

## Your Information

Company Name: \_\_\_\_\_

Bill-To Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Ship-To Address: \_\_\_\_\_

Email: \_\_\_\_\_

UPS/Fedex #: \_\_\_\_\_

## Tool Information

Brand: \_\_\_\_\_

Size/type of \_\_\_\_\_

Model No.: \_\_\_\_\_

strapping used: \_\_\_\_\_

## Description of Problem:

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