



## TOOL REPAIR FORM \*REQUIRED FIELDS

Date Shipped:

Date Received:

\*Company Name:

\* Contact Name:

\* Address:

\* City:

\* State:

\* Zip:

\* Phone Number:

\* Emil Address:  @

PO No.:

### Form must accompany tool to insure return



#### Description of Problem

Your shipping of the tool in for repair will be used as authorization to evaluate and determine if the tool is worth repairing. If we feel the tool is not repairable, we will call you to discuss. Otherwise the tool will be repaired and shipped back to the sender and this form will act as your authorization for repair.

### Ship to:

From:

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**Strapping Products, LLC**  
903 S. Latson Road  
Howell, Michigan 48843

Phone: (888) 588-6427 \* Ext. 381

[www.Strapping-Products.com](http://www.Strapping-Products.com)