

Repair Request Form

Acct #: _____

Facility Name: _____	Phone #: _____
Contact Name: _____	Fax #: _____
Email: _____	PO #: _____

Bill to: _____ _____ _____ _____	Ship to: (If different then bill to address) _____ _____ _____ _____
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All repairs are quoted and require confirmation of approval. For more information please contact us. (information above)

Return Shipment Options: FedEx Saver FedEx 2 Day FedEx Priority Overnight

BRAND	QTY.	SERIAL/LOT #	PROBLEM DESCRIPTION	RETURN BY (DATE)

Shipping Tips: 1. Package device securely in a case. 2. Make sure the blades are retracted & secured. 3. Please place contact information inside of the package!	Ship Repairs to: Mastel Precision ATTN: Repairs 2843 Samco Rd. Suite A. Rapid City, SD 57702
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