

Repair Request Form



3870 E. Washington Road, Saginaw, Michigan 48601
Phone (989) 758-0950 Fax (989) 758-0954

Business: _____ **Contact Person:** _____ **P.O.#** _____

Bill to: _____
Street City State Zip

Ship Address the same? Yes No

Ship to: _____
Street City State Zip

Email: _____ **Fax Number:** _____

Business Phone: _____ **Cell (optional):** _____

Return Shipment: Type? UPS FedEx Other: _____ **Insure?** Yes No

UPS/ FedEx/ Other Number: _____

ID# (required)	Description	Issue for Repair	Frequency		
			1 yr	2 yrs	Other

Signature: _____ **Date:** _____