



# Tool Repair Form

## \*REQUIRED FIELDS

Date Shipped:

Date Received:

\* Contact Name:

\* Address:

\* City:  \* State:  \* Zip:

\* Phone Number:

\* Email Address:  @  Store No.

### Form must accompany tool for repair and identification



### 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:



\_\_\_\_\_  
\_\_\_\_\_

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

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