

Service - Tool Return Form

Attn: Primepac Tool Servicing
 15 Orbit Drive,
 Mairangi Bay
 Auckland, 0632

FAX: 0800 622 226
 FREEPHONE: 0800 277 772

Cust./Company:		Date:	
Return Address:			
Account No.:			

Contact Name:		Phone:	
Email address:			

Tool Details:			
Leased Tool		Battery	Model:
Hired Tool		Charger	Serial Number:
Owned Tool		Carry Case	Purchase Date:

Cust. Order No./Refrence :	
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Reason for Return: (please circle requested option below)			
requesting full Service		requesting Repair	Other:

Service / Fault Description: (For Customer to fill out)

Other Notes:	
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To speed up the Process please choose below:	
I request a Quotation prior to Repair/Servicing and no action unless approved	
I approve for immediate Repair/Service under 350,-\$	

Please return Tool for Service / Repair to:
Attn: Primepac Tool Servicing, 15 Orbit Drive, Mairangi Bay, Auckland 0632

With completion and signing of this Form, the Customer agrees to an Examination of this Tool.
 Unless the Tool gets returned under Warranty, the Examination will be charged to Customer's Account.

Customer Name (print):

Customer Signature:

Date: