

REPAIR FORM PACKING LIST

THIS FORM DESIGNED TO BE FOLDED INTO A STANDARD 4-1/2" X 5-1/2"
"PACKING LIST ENCLOSED" SELF-ADHESIVE MAILING WINDOW.

This form will help expedite the repair of your precision measuring instrument(s) by providing us with information we require to quickly process and repair your item(s). Complete this form with as much information as possible. Your contact information must be provided.

THANK YOU

QUESTIONS? CALL US AT 602-256-7011



TO:
PHOENIX SMALL TOOL & CALIBRATION
ATTN: REPAIR DEPARTMENT
835 W. 22ND STREET #109,
TEMPE, AZ 85282

DATE: _____

COMPANY NAME: _____

CONTACT NAME: _____

ADDRESS: _____

TEL: _____

FAX: _____

EMAIL: _____

PURCHASE ORDER# _____

I REQUIRE A CALIBRATION CERTIFICATE TRACEABLE TO NIST FOR THESE ITEMS. (Additional charge applies)

ITEMS INFORMATION Please be specific as possible when describing your item(s) below.

QTY	ITEMS DESCRIPTION	SERIAL NUMBER	PROBLEM AND / OR INSTRUCTIONS

CHECK ONE BELOW

- Please repair above item(s), as long as the price of the repair does not exceed 50% of the current MANUFACTURER LIST PRICE of a replacement. (Our policy)
- Please provide me with an estimate prior to completing the repair. I understand that a 10% Service Charge (\$20.00 minimum) applies to all items evaluated.
- Please contact me for special instructions. I have provided my contact information above.

HOW WILL YOU BE PAYING FOR YOUR REPAIR(S) - CHECK ONE BELOW

- We currently have an open account set-up with Phoenix Small Tool & Calibration, please send invoice for work completed. I have provided a valid Company Purchase Order Number above.
- I would like to pay using a Credit Card. Please contact me for this information. I understand items won't ship until payment is received.
- Please contact me with invoice and payment options. Email address required.