

Customer Repair Reference Number (PO):	Date:
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**Section 1 Customer Information**

Provide the company's full name so we can accurately find you in our records.

Company:	Name:
Email:	Phone:

**Section 2 Address Information**

Provide the address to which we should send the repaired tool.

Return Address:		
City:	State:	Zip:

**Section 3 Tool Information**

Provide the tool information in this section. If unknown, please write UNKNOWN in the box.

Tool Manufacturer (OEM):
Tool Style (Battery, Combination, Manual, Pneumatic):
Strapping Material (Steel, PP, etc):
Strapping Width (inch):
Strapping Thickness (inch):
Repair Reason (please describe the issue, if extra space is needed, please use back of form):

Place the form in a box along  
with your tools and send to:

StrapForge Tool Repair  
164 Devon Ave  
Bensenville, IL 60106

\*Payment terms are CASH ON DELIVERY without an account. Credit application and an account setup request can be found on StrapForge.com under the CUSTOMER RESOURCES tab.

\*\*By submitting this form to StrapForge Tool Repair, you are accepting our standard Terms & Conditions.