



Rebuilt to a Much Higher Standard

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Repair Form

Please print this document, complete the following fields in full and be sure to ship your equipment with a copy of this Work Order to one of the addresses listed above:

Please check one or all that apply:

Repair Estimate Manufacture's Warranty Preventative Maintenance/Inspection

***Please note:** Any Repairs that are deemed too expensive will automatically be put on hold until you are advised. All equipment that is sent in for Repair and is worth Remanufacturing but has extensive damage or is pricey will automatically be Estimated and you will be notified of the exact cost for your approval prior to any work being started.

Contact Information: *(Please print as neatly as possible to prevent any delays)*

Name: _____ Company: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal: _____

Phone: _____ Fax: _____ Email: _____

NY sales tax exempt? _____ If so please send copies of your Exemption Certificate.

Equipment Information:

Torch Regulator Flow Meter Other (specify): _____

Manufacturer: _____ Model (if known): _____

Serial # (if known): _____ (Use additional paper if necessary for multiple items)

Problem(s) with equipment if known? _____

Special instructions or requirements? _____

***Please send us the same Torch tip and tip nut that was being used at the time of breakdown or malfunction if possible.