

## Service & Repair Packing Slip

Company Name:			Date: -
Shipping Address:			Customer ID #:
City:	State:	Zip:	<del>-</del>
Contact Name	Phone Number		Email Address
Product Description	Model #	Serial #	Description of Repairs Needed
1.			
Please select one: Estimate Before Repair	Repair Without	t Estimate	
Warranty – PROOF OF PURCHASE <u>REQUIRED</u> (Repair Without Estimate only in cases when repair is less than 50% of replacement cost)			
2.	is less than 50% of repl	acement cost)	
Please select one: Estimate Before Repair	Repair Without	t Estimate	
Warranty – PROOF OF PURCHASE <u>REQUIRED</u> (Repair Without Estimate only in cases when repair is less than 50% of replacement cost)			
3.			
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Please select one: Estimate Before Repair	Repair Without	t Estimate	
Warranty — PROOF OF PURCHASE <u>REQUIRED</u> (Repair Without Estimate only in cases when repair is less than 50% of replacement cost)			
PACKING SLIP INSTRUCTIONS:			
1. Complete this form for every shipment of items. Print completed form.			
2. Return this form with the product(s) to be estimated, serviced or repaired. DO NOT EMAIL THIS FORMIT MUST ACCOMPANY SHIPMENT!			
3. Include MSDS sheets for chemicals or residue being used or left in any equipment shipped to us. THIS IS REQUIRED BY ALL SHIPPERS.			
4. Sign and include P0# when applicable.			
5. Repairs left over 60 days with no response, Eugene Power Tool, Inc. reserves the right to discard or return at owner's expense!			
REPAIR LOCATION(S):  Eugene Power Tool, Inc. 101 N Seneca Rd, Eugene, OR 97402 (541) 232–5081 www.eugenepowertool.com			
Authorization Signature:			
Purchase Order # (When/If Applicable):			

