

# CRIMP-TECH AUSTRALIA REPAIR/CALIBRATION RETURN FORM

Please return this form with the tool and keep your own copy

Company Name:		Date:	Cust. Purchase Order No:
Tool Part Number:	Serial Number:	Other Markings:	
Contact Name:	Contact Email:		
Contact Phone Number:		Contact Fax:	
Return Shipping Address:			
Brief Description of Fault:			
<b>Crimp-Tech Australia Use Below</b>			
Internal Comments:			
Date In:	Received By:	Sign:	
Date of Manufacture:	Received Condition:	COC Required:	
Parts Required:			
Parts Replaced:			