

CRIMP-TECH AUSTRALIA REPAIR/CALIBRATION RETURN FORM

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

Company Name:		Date:	
Contact Name:		Contact Email:	
Phone Number:		Fax Number:	
		Purchase Order No:	
Tool Return Address:			

Tool Part Number: Serial Number:

Other Markings:

Brief Description of Fault/Requirements:

CRIMP-TECH AUSTRALIA – Use Below

Internal Comments:

Date In: <input type="text"/>	Received By: <input type="text"/>	Sign:
Date of Manufacture: <input type="text"/>	Received Condition: <input type="text"/>	COC Required <input type="checkbox"/> Yes <input type="checkbox"/> No
In Calibration on Receipt: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Parts Required:

Parts Replaced:

Notes: