

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:			

**Battery Tools – A survey fee and any associated freight costs will be apply if repair quote is not approved.
*** Batteries & Charger to be supplied with tool submitted for Service/Repairs*****

Please print form and send with tools to:
Crimp-Tech Australia Pty Ltd
Unit 2, 35 Neon Street
Sumner Park 4074
Queensland Australia

CRIMP-TECH AUSTRALIA – Use Below

Internal Comments:

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Date In:		Received By:		Sign:	
Date Of manufacture:		Received Condition:		COC Required	<input type="checkbox"/> YES <input type="checkbox"/> NO
In Calibration on Receipt:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Sales Order No:		CTA-	

Parts Required/Missing:

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