



Vacuum Lifter Repair Form

P.O. Box 368 - 908 West Main
Laurel, MT 59044 U.S.A.

800.548.7341 - 406.628.8231 - 406.628.8354 (fax)

PLEASE FILL OUT FORM COMPLETELY!

Repairs will not be processed without appropriate paperwork.

Repairs left over 30 days will be returned at sender's cost.

If you believe this to be a warranty issue visit our [warranty page](#).

SHIPPING INFORMATION

Company Name _____ Contact Person _____

Street Address (P.O. Box NOT acceptable for delivery) _____

City _____ State _____ Zip Code _____ Country _____

Contact Phone _____ Contact E-mail or Fax _____

BILLING INFORMATION

Company Name _____ Billing Address _____

City _____ State _____ Zip Code _____ Country _____

PAYMENT INFORMATION

Purchase Order _____ ; with payment DUE NET 30 from invoice date (Established Accounts Only).
(PO number)

Credit Card # _____ Card Type:
Visa MC AMex CVC Code _____ Expiration Date _____

EQUIPMENT INFORMATION (Located on your equipment.)

Model Number _____ Serial Number _____

SUMMARY OF ISSUE (Please describe in detail any issues or problems you are experiencing with your equipment.)

Large text area for describing the issue.