



Vacuum Lifter Repair Form

908 West Main
Laurel, MT 59044 U.S.A.
(1) 800.548.7341 | (1) 406.628.8231

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](#).

Which Technical Sales representative
is assisting you with this repair?

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

Note: A 2% surcharge will be added to all credit card transactions. We do not surcharge debit cards.

- ☐ Purchase Order _____ ; with payment DUE NET 30 from invoice date (Established Accounts Only).
(PO number) _____
- ☐ Send Credit Card Payment Link when ready to ship. E-mail Address: _____
- ☐ Please collect my credit card information by phone. _____
Phone Number _____
- ☐ I would like to be notified of any possible repair costs before billable repairs are made.

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.)