**EQUIPMENT REPAIR FORM**

|  |  |
| --- | --- |
| COMPANY: |  |
| ADDRESS: |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| CONTACT: |  | PHONE: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| CALL FOR ESTIMATE: |  | ONLY IF REPAIRS EXCEED: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| PO#: |  | SIGNATURE: |  |

EQUIPMENT INFORMATION:

|  |  |  |
| --- | --- | --- |
| DESCRIPTION: |  | SERIAL #: |
|  |  |  |
|  |  |  |
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| DESCRIPTION OF PROBLEMS: |
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| --- | --- | --- |
| REQUESTED COMPLETION DATE: |  |  |

EQUIPMENT RETURN INFORMATION:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PICK UP: |  | \*SHIP TO: |  | \*DELIVERY: |  |

\*CUSTOMER IS RESPONSIBLE FOR SHIPPING OR DELIVERY COSTS IF APPLICABLE.

|  |
| --- |
| ADDITONAL INFORMATION: |
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|  |
|  |

UNITED INDUSTRIAL PRODUCTS

50 LEONARDO DR. NORTH HAVEN, CT 06473 [MAILING]

4 BARKER DR. WALLINGFORD, CT 06492 [PHYSICAL]

(203)868-5702

WWW.GO-UIP.COM