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Repair Form

Business Name: _____

Contact: _____

Position: _____

Email: _____

Phone Number: _____

Fax Number: _____

Product # _____

Serial # _____

Problem: _____

Condition: (Please list any scratches, cracks, missing labels or dents in unit)

Warehouse Comments: _____

Arrival Date: _____ Return Date: _____

Sales Rep: _____

Please fill out and fax back to us at 952.882.1389

Thank you for the opportunity to serve you