

REPAIR FORM

PLEASE SHIP DEFECTIVE EQUIPMENT TO:	PLEASE RETURN REPAIRED EQUIPMENT TO:	PLEASE BILL REPAIRED EQUIPMENT TO:
<div style="text-align: center;">  <p>2413 W. Algonquin Rd. Suite 322 Algonquin ,IL 60102</p> <p>Email:contact@powertechinc.net Tel: 1 (847) 620-9547 Fax: 1 (847) 669-3980</p> </div>	<p>Company/Name: _____ Address: _____ City: _____ St: _____ Zip: _____ Contact: _____ Phone Number: _____ Email Address: _____ Purchase Order No.: _____</p>	<p>Company/Name: _____ Address: _____ City: _____ St: _____ Zip: _____ Contact: _____ Phone Number: _____ Email Address: _____ Purchase Order No.: _____</p>
Qty :	Part No. :	Problem :

Please complete this form and include with your order.