

Product Repair Request



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Email: repairs@technicaltoolproducts.com

Web: www.technicaltoolproducts.com

Contact Name _____ Date (m/d/y) _____
 Company _____ Email _____
 Street _____ Phone _____
 City, State, Zip _____ Fax _____

Please complete this form and use it as your packing list. Please ship product to Technical Tool Products.

PO#: _____ Approval to proceed at 25% of new _____ 50% of new _____ 75% of new _____

Estimate Required: Yes No

Model #: _____ **Controller:** PF8 PF6000 PF4000

Serial #: _____ **Firmware:** _____

Do you believe this is a warranty repair? yes no

Reason you believe this is a warranty repair: _____

Date purchased: _____ **Invoice number:** _____

Application product is used on: _____

Assembly Tool Target Torque: _____ Circle one: Nm, ft/lbs., in/lbs. or Specify _____

Calibration/Verification Certificate required: Yes No (Note this is an extra charge service. Specify company requirements if applicable.)

Air Pressure: _____ PSI **Hose Diameter:** _____ I.D.

Joint Type: Soft Medium Hard Other (Describe) _____

Problem description:

Other important information:

For Internal Use		
Internal Bin:		
Internal SO#:		
Internal PO#:		
Qty	Part Number	Description

Onsite Preventive Maintenance, Calibration/Verification and Quality in Fastening Consulting Services are also available.