



Service & Repair Packing Slip

Company Name: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Name	Phone Number	Email Address

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Product Description	Model Number	Serial Number

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Description of Repairs Needed:	Address to Return Repairs

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Please select one:	Estimate before repair - Quote will be emailed to provided email address Repair without estimate - Only if repair is less than 50% of replacement value <input type="checkbox"/> Warranty - <u>PROOF OF PURCHASE REQUIRED</u>
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Authorization Signature: _____

P.O. when applicable: _____

Please Select Location

1430 Trinity Ave. High Point, NC 27260 | 1(800)334-1001x1371

520 Apperson Dr. Salem, VA 24153 | 1(540)389-7261

6120 Airways Blvd. Chattanooga, TN 37421 | 1(423)893-5301x1293

1022 W. Robinson St. Orlando, FL 32805 | 1(407)422-4567

123 Prosperity Blvd. Piedmont, SC 29673 | 1(800)334-1001x1327

243 Cockeysville Rd. Cockeysville, MD 21030 | 1 (410) 785-5790

Instructions: Please fill this form out for every shipment. Print off completed form. Ship the completed form with product(s) to be estimated, serviced or repaired. **DO NOT EMAIL THIS FORM.** Include the MSDS sheets for chemicals or residue being used or left in any equipment shipped to us. **THIS IS REQUIRED BY ALL SHIPPERS.** Please sign and include P.O. Number when applicable. **IF REPAIRS ARE LEFT OVER 60 DAYS WITH NO RESPONSE AIR POWER RESERVES THE RIGHT TO DISCARD OR RETURN THE ITEM(S) AT THE OWNERS EXPENSE!**