



Service & Repair Packing Slip

Company Name: _____ **Date:** _____

Address: _____

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

Contact Name	Phone Number	Email Address

Product Description	Model Number	Serial Number

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Product Description	Model Number	Serial Number

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
	W 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

520 Apperson Dr. Salem, VA 24153

56 East High St. New Freedom, PA 17349

1022 W. Robinson St. Orlando, FL 32805

2951 Northern Cross Blvd, Suite 233, Fort Worth, TX 761371

Contact # for all locations: 1-800-334-1001

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. **AIR POWER RESERVES THE RIGHT TO DISCARD OR RETURN ITEM(S) AT THE OWNERS EXPENSE FOR ALL REPAIRS EXCEEDING 60 DAYS WITH NO RESPONSE. **All equipment returned as is or scrapped, will be charged a minimum \$25.00 assessment fee. This fee is waived if repaired or replacement equipment is ordered****