

Tool Kit Repair Packing Slip Form

Repair & Calibration Services

_					
Company				Date:	
Name:					
Contact				Contact	
Name				Phone:	
Contac				Contact	
Email:				FAX:	
Purchas	e				RCHASE ORDER REQUIRED
Order:				A Hard Copy o	f your Purchase Order Must Accompany Kit
YOUR BILLING			YOUR SHIPPING		
ADDRESS:					
					
		Please list eac	h kit being returned fo	or repair/calibra	tion separately.
Kit Part Number		Serial Number	Description of Problem		
lease note			was about at MCD		
		sically evaluated once			
	•	•	ess days to complete.		
			vith price and lead time. without your approval a	und annuanuiata ma	
	•	•	• • • •		-
		•	te the calibration/repair		
		•	ngs) for the kit will be inc	•	•
	-		• •	•	icable DMC Crimp Tools/Dies/Gages
	-		ided in the quotation if r	equirea.	
OFC 5 WILL	n reading:	s required:YES	NO		
	Please I	ne sure to complete t	this form in its entirety	and send with v	/our Purchase Order to:
		•	Attn: Repair Services D	•	
		•	•	-	
			MCD-Tools Gm	חמו	

Kurmainzerstraße 119 61440 Oberursel - Germany

Please contact our Customer Service with any questions or concerns.

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repair@mcd-tools.de