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| --- | --- | --- | --- |
| **Company**  **Name:** |  | **Date:** |  |
| **Phone:** |  | **Fax:** |  |
| **Billing Contact**  **Name:** |  | **Billing Contact**  **Email:** |  |
| **Tech Contact**  **Name:** |  | **Tech Contact**  **Email:** |  |
| **P.O. # OR**  **Credit Card #** |  | P.O. REQUIRED IF YOU HAVE TERMS. A Hard Copy of your Purchase Order Must Accompany Tools | |

|  |  |
| --- | --- |
| **YOUR BILLING ADDRESS** | **YOUR SHIPPINGADDRESS** |
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| Please list each item being returned for repair separately. | | | |
| **Part #** | **Serial #** | **Customer Reference #** | **Description of Problem** |
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| **Please be sure to complete this form in its entirety and return with your Purchase Order including the fees stated above, and items for repair to:**  Attn: Repair Services Department MCD-Tools GmbH  Kurmainzerstraße 119  61440 Oberursel - Germany | | | |
| Please contact our Customer Service with any questions or concerns.  Tel: +49 (0)6171 2779191 • Fax: +49 (0)6171 2779199  Email: [repair@mcd-tools.de](mailto:repair@mcd-tools.de) | | | |

**NOTE:** REPAIRS WILL NOT BEGIN UNTIL WE RECEIVE YOUR **PURCHASE ORDER.**

YOU WILL BE NOTIFIED IN ADVANCE IF ADDITIONAL FEES APPLY**.**