



REPAIR / SERVICE REQUEST

TODAY'S DATE:

CUSTOMER NAME:

FIRST

LAST

PHYSICAL ADDRESS:

STREET ADDRESS

CITY

STATE

ZIP

EMAIL ADDRESS:

Telephone No.

DATE OF PURCHASE

WHERE PURCHASED

COPY OF
RECEIPT
ATTACHED

MODEL NUMBER

SERIAL NUMBER

PRODUCT DESCRIPTION

PRODUCT Application

To assist us in diagnosing your tool, please describe the problem you are experiencing in the box below.

PRINT FORM

Please complete this form and include with your tools sent in for service and/or repair. Tools should be shipped only to an authorized service center within our service network. For warranty consideration, please include a copy of the dated purchase receipt.

CONTINENTAL TOOL GROUP, INC.

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