

## REPAIR RETURN FORM

Company Name: \_\_\_\_\_ Prepared by: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Today's Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Phone Number : \_\_\_\_\_ Return by Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Item(s) being returned	Serial Number	Description of Problem
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Return Shipping Address:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Attention: \_\_\_\_\_

Shipping Company for SnowMasters to use: UPS \_\_\_ Fedex \_\_\_ Other (List): \_\_\_\_\_

Account #: \_\_\_\_\_

### Ship repair returns to:

SnowMasters

11054 County Road 71

Lexington, AL 35648

256-229-5551 phone

256-229-5552 fax

[www.snowmasters.com](http://www.snowmasters.com)

[info@snowmasters.com](mailto:info@snowmasters.com)



### REPAIR REPORT (SNOWMASTERS USE ONLY)

Machine Type: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Date Received: \_\_\_ / \_\_\_ / \_\_\_\_\_ Date Returned: \_\_\_ / \_\_\_ / \_\_\_\_\_

Problem Identification: \_\_\_\_\_

Time Repair began: \_\_\_\_\_ am / pm Time Repair Finished: \_\_\_\_\_ am / pm

Total Repair Time: \_\_\_\_\_ hrs \_\_\_\_\_ mins

Work Performed: \_\_\_\_\_

Technician: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_