

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
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: ___ / ___ / _____