



Tool Repair Authorization Form

Service Order Number Receive Date Received By

Customer Billing Information Your Order Number

COMPANY:

NAME:

ADDRESS:

Shipping Information if different from above

COMPANY:

ADDRESS:

Who to contact if our service representative has questions

Name: _____ Phone: _____
 Email: _____ Fax: _____
 Other: _____

Item Description	Model Number	Serial Number	Problem Description
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Instructions: Please provide as much detail as needed to service your item(s). Is the problem intermittent, is it repeatable, is there a special action that causes the problems you are experiencing with your item?

Ship items to: **JPC Specialties / An Austin Hardware Co.
 Attention: Tool Repair Department
 1001 Rockland Street
 Reading, PA 19604**

Internal Use Only

Service Started _____
 Technician _____
 Service Completed _____

I am an authorized agent for the company listed above and I authorize JPC Specialties and or Austin Hardware to perform service on the items listed in this document.

 Signature

 Date