REPAIR FORM

PLEASE SHIP DEFECTIVE	PLEASE RETURN REPAIRED		PLEASE BILL REPAIRED
EQUIPMENT TO:	EQUIPMENT Company/Name:	1 10:	EQUIPMENT TO: Company/Name:
PowerTech Inc.	Address:		Address:
2413 W. Algonquin Rd.	City:		City:
Suite 322	St:Zip:		St:Zip:
Algonquin ,IL 60102 Email:contact@powertechinc.net Tel: 1 (847) 620-9547 Fax: 1 (847) 669-3980	Contact:		Contact:
	Phone Number:		Phone Number:
	Email Address:		Email Address:
	Purchase Order No.:		Purchase Order No.:
Oty: Par	: Part No. :		Problem :

Please complete this form and include with your order.