REPAIR FORM

PLEASE SHIP DEFECTIVE EQUIPMENT TO:		PLEASE RETURN REPAIRED EQUIPMENT TO:		PLEASE BILL REPAIRED EQUIPMENT TO:
PowerTech Inc.		Company/Name:		Company/Name:
		Address:		Address:
		City:		City:
35 Burdent Dr. Suite J Crystal Lake, IL 60014		St: Zip:		St:Zip:
		Contact:		Contact:
Email:contact@powertechinc.net Tel: 1 (847) 620-9547 Fax: 1 (847) 669-3980		Phone Number:		Phone Number:
		Email Address:		Email Address:
		Purchase Order No.:		Purchase Order No.:
Qty:	Part	: No. :		Problem :

Please complete this form and include with your order.