

Tool Service Return Form

Teal Corporation
 5995 149th Street West, Apple Valley, MN, 55124 USA
 Phone: 952-432-8325 | Fax: 952-432-3298

Date

CONTACT INFORMATION (REQUIRED)

Shipping Address		Billing Address (if same, leave blank)	
Company Name		Company Name	
Contact Name		Contact Name	
Address		Address	
City		City	
State		State	
Zip Code		Zip Code	
Phone		Phone	
Email		Email	

PRODUCT INFORMATION (REQUIRED)

Mfr		Model	
Serial #		Equipment Type	
Accessories Included			
Reason	<input type="checkbox"/> Gen. Repair	<input type="checkbox"/> Repair & Cal.	<input type="checkbox"/> New Product Warranty
			<input type="checkbox"/> Other
Failure Symptoms/Comments - Please be as specific as possible:			

RETURN SHIPPING INFORMATION (REQUIRED)

We will ship UPS Ground and charge freight to customer. Additional charges may apply.

Please specify your shipping preference. Additional charges may apply.

What shipping company are you using to return the product?	
<input type="checkbox"/> Ground	<input type="checkbox"/> Next Day-Air
<input type="checkbox"/> 2-Day Air	<input type="checkbox"/> 3-Day Economy
<input type="checkbox"/> Prepay/add freight to my charges	<input type="checkbox"/> Charge my account:

PAYMENT INFORMATION (REQUIRED)

<input type="checkbox"/> We will pay via Purchase Order	<input type="checkbox"/> We will pay via C.O.D. (U.S.A. only)
Purchase Order No:	<input type="checkbox"/> We request Net 30 Terms
No Credit Cards Accepted	Please include credit reference information

NOTES

Please PROVIDE a copy of the original invoice for purchase of tool for product warranty
Please SEND a copy of this form with the tool and FAX a copy to 952-432-3298 in advance
Please SHIP your tool to the address above " ATTN: Repairs / Service "