



Tool Repair Form

Date: _____

Owner Name: _____

Company Name: _____

Return Address: _____

(Street)

(City)

(State)

(Zip)

Contact: Business (_____) _____ - _____ Home (_____) _____ - _____

Fax (_____) _____ - _____ Email _____

•••Initial tool repair cost is \$35 plus additional cost for replacement parts

Payment (Mastercard or Visa)

Credit Card:

(Card Number)

(Expiration)

(CVC Code)

Billing
Address:

(Street)

(City)

(State)

(Zip)

Dixon/SurfPrep ship UPS. If you have UPS Account # please provide, otherwise we will charge shipping.

UPS Account #: _____

Print

Signature

