

To assist us in providing you with prompt, effective service on your next repair, please complete the information requested below and place form in the box with the tool.



Estimates Provided Prior To Repair
All Tools Must Include Purchase Order Number

Tool Model # _____ Purchase Order # _____ Warranty: Y N

Serial # _____ Battery: Y N

If marked "Yes" for warranty, please provide invoice number when purchased

Contact Name: _____

Phone # _____ Collect # or Shipping Preference _____

Fax # _____

Email Address: _____

Company Name: _____

Ship To Address: _____

Bill To Address: _____

Description of Problem: _____

Size and Type of Strap Used With Tool: _____

**If using a different type of strap not supplied by IPS, please provide 20" for testing purposes. We need this to properly set the setting.*

SHIP TO:
IPS TOOL REPAIR
350 Old Laurens Rd. St#300
Simpsonville, SC 29681

REMIT TO:
PO BOX 2009
FOUNTAIN INN, SC 29644

ATTENTION:
Jackson Fleming
Parts & Service Coordinator
Phone: 864-862-1500 x194
Toll Free: 800-277-7007x194
Email: jfleming@ipack.com
WWW.IPACK.COM

Thank you for choosing IPS Services to evaluate and repair your tool. This is only an estimate. The repair may require additional parts and labor to successfully fix the tool. Any unrepaired tool will be subject to a \$90.00 evaluation/handling charge. Tools held longer than 90 days without notification from the customer are subject to disposal.