

SMALL EQUIPMENT SERVICE DEPOT

PLEASE COMPLETE INFORMATION FOR REPAIRS

DATE: _____ PURCHASE ORDER: _____

CUSTOMER: _____ PHONE NUMBER: _____

ADDRESS: _____ FAX NUMBER: _____

CITY/STATE: _____ ZIP: _____

CONTACT PERSON: _____

PLEASE PROVIDE A DESCRIPTION OF THE FAILURE YOU ARE HAVING.

IS A QUOTE NEEDED BEFORE REPAIR? YES _____ NO _____

SPECIAL RETURN SHIPPING REQUIRED? _____

SHIP REPAIRS TO: **MIDWEST SCALE COMPANY**
1327 – 7th STREET
ROCKFORD, ILLINOIS 61104

ATTN. Dan