

# 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.

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IS A QUOTE NEEDED BEFORE REPAIR? YES \_\_\_\_\_ NO \_\_\_\_\_

SPECIAL RETURN SHIPPING REQUIRED? \_\_\_\_\_

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

**ATTN. Dan**