



LineStar Utility Supply
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Tool Repair Information

Typically, we will contact for approval on repairs that approach 50 - 60 % of the cost to replace the tool.

Date:	
Customer:	
Address:	
Contact Name:	
E-Mail/Phone:	

Manufacturer:	
Model #:	
Serial #:	

Detailed description of the problem, comments and specific instructions:

Purchase Order #:					
Authorized By:					
Method of Payment:	<input type="checkbox"/> On Account, <input type="checkbox"/> Visa, <input type="checkbox"/> MasterCard				
Name on Card:					
Card Number:		Expiry Date:		3 Digit Code:	

Preferred Return Carrier:	
Account Number:	
Return Address if different:	