



Online Repair/Calibration Form

****Please print form and enclose with your shipment****

Ship all Repair/Calibrations to:

R & R Tool Repair Inc.
13591 Linden Drive
Spring Hill, FL 34609

Your Info:

Name	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Ship to:	<input type="text"/>				
Contact #:	<input type="text"/>				
E-mail:	<input type="text"/>				

Tool Info:

Make:	<input type="text"/>				
Model #:	<input type="text"/>				
Serial # (if available)	<input type="text"/>				
<input type="checkbox"/> Shipping multiple tools? (if so check box and list below)					
Makes:	<input type="text"/>	Models:	<input type="text"/>		

Repair Info:

<input type="checkbox"/> Repair & Return	Detailed description of problem: <input type="text"/>
<input type="checkbox"/> Estimate required	
Repair if under \$ <input type="text"/>	
<input type="checkbox"/> Specific repair <input type="text"/>	

Payment method:

<input type="checkbox"/> Please call for Payment information when repair is complete.	
<input type="checkbox"/> I wish to provide my payment information now. (please complete below)	
Select Type <input type="text"/>	Name on Card: <input type="text"/>
<input type="text"/>	Billing Address: (if different from ship to above) <input type="text"/>
Authorized by (please sign)	Card # <input type="text"/>
	Exp. Date: <input type="text"/> Security Code: (last 4 on back) <input type="text"/>