

FORM FOR REPAIR SUBMISSION

CONTACT INFO

Company Name _____

Address _____

City _____

State _____

Zip _____

Fax No. _____

Telephone No. _____

ITEM DESCRIPTION(S)

Describe saws or other items sent in for repair

Serial #

Manufacturer/ Model Description

Serial #	Manufacturer/ Model Description

Special Instructions or Requirements

RETURN SHIPMENT INFO

Ship by _____

Contact Person _____

Ship To: Cast Cutter Repair Center
2735 Terwood Rd (PO Box 476)
Willow Grove, PA 19090
Toll Free: 877-643-9300

Note:

Once we have received your items for repair, we will send you a report (by fax) describing our findings and recommendations as the repair needs of your saws. At that time, the cost of the repairs will be indicated, and you will be provided with several payment options. There is no charge for initial evaluation; only if actual repair work is authorized and performed.