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Packing Slip

Company Name

Phone

Street Address

Contact Name

City, State Zip

Email

Purchase Order (If applicable)

Shipping Acct Number

Item(s) Under Warranty: ___ Yes ___ No
 If yes, please **provide proof of purchase**

Check:
 FedEx UPS Other _____

| Tool Manufacture | Model Number | Serial Number | Problem/Issue | Total Pkgs/Ctns |
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Special Comments

Contact Us

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 (770) 426-6043 Fax