

REQUEST FOR MAINTENANCE (*one tool per form*)

To assist us in providing rapid and accurate attention, please complete this form and enclose with the tool.

COMPANY DETAILSCOMPANY ADDRESS ADDRESS CITY POSTCODE COUNTRY **CONTACT TO PROVIDE FURTHER DETAILS**NAME PHONE E-MAIL **CONTACT TO AUTHORISE REPAIR COSTS**NAME PHONE E-MAIL **REASON FOR MAINTENANCE**Repair under guarantee Repair out of guarantee Preventive maintenance TOOL TYPE SERIAL NUMBER PURCHASED FROM PURCHASE DATE

SUPPLIED WITH

Case,

Charger,

other:

WARNING – Tools for repair or service must be returned with no batteries

Briefly outline the reason for maintenance.

Date, Signature

ENCLOSE COMPLETED FORM WITH TOOL AND SEND TO YOUR LOCAL CEMBRE REPAIR CENTRE

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