



WEINIG BENCH REPAIR REQUEST FORM

DATE: _____

PO NUMBER: _____

CONTACT: _____

PHONE: _____ FAX: _____

MACHINE MODEL: _____

SERIAL NUMBER: _____

BILL TO: _____

SHIP TO: _____

REQUESTED REPAIRS FOR ITEMS RETURNED:

Do you need a repair estimate faxed to you ? YES _____ NO _____

Return Shipment Method (please advise): _____

Please pack your items securely and return this form with the shipment.

For questions, please call Steve Rash @ ext 7861.

Michael Weinig, Inc.
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