

REPAIR ORDER FORM



Service phone: (800) 554-8741

www.festoolusa.com



One Form per Tool please!

<p>Dealer Name and Address (This section applies to dealers only)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>E-mail: _____</p>	<p>I am <input type="checkbox"/> Festool Retailer</p> <p> <input type="checkbox"/> User Date: _____</p> <hr style="border-top: 1px dashed black;"/> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><u>Return to:</u></td> <td style="width: 50%;"><u>Invoice to:</u></td> </tr> <tr> <td><input type="checkbox"/> Dealer</td> <td><input type="checkbox"/> Dealer</td> </tr> <tr> <td><input type="checkbox"/> End User</td> <td><input type="checkbox"/> End User</td> </tr> </table>	<u>Return to:</u>	<u>Invoice to:</u>	<input type="checkbox"/> Dealer	<input type="checkbox"/> Dealer	<input type="checkbox"/> End User	<input type="checkbox"/> End User						
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<input type="checkbox"/> End User	<input type="checkbox"/> End User												
<p>Customer Name and Address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>E-mail: _____</p>	<p>Tool: _____</p> <p>Notes</p> <p>_____</p> <p>_____</p> <p>_____</p>												
<p>Enclosed accessories and consumables:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Systainer</td> <td><input type="checkbox"/> Blade</td> <td><input type="checkbox"/> Plug-it cable</td> </tr> <tr> <td><input type="checkbox"/> Handle</td> <td><input type="checkbox"/> Sanding pad</td> <td><input type="checkbox"/> Battery</td> </tr> <tr> <td><input type="checkbox"/> Chuck</td> <td><input type="checkbox"/> Collet</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Drill bit</td> <td><input type="checkbox"/> Router bit</td> <td>_____</td> </tr> </table>		<input type="checkbox"/> Systainer	<input type="checkbox"/> Blade	<input type="checkbox"/> Plug-it cable	<input type="checkbox"/> Handle	<input type="checkbox"/> Sanding pad	<input type="checkbox"/> Battery	<input type="checkbox"/> Chuck	<input type="checkbox"/> Collet	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Drill bit	<input type="checkbox"/> Router bit	_____
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<p>Complaint</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Mechanical defect</td> <td><input type="checkbox"/> Noise, Vibration</td> </tr> <tr> <td><input type="checkbox"/> Electrical defect</td> <td><input type="checkbox"/> Over Heating</td> </tr> <tr> <td><input type="checkbox"/> Fall, Breakage, Deformation</td> <td><input type="checkbox"/> Wear</td> </tr> </table> <p><u>Please describe complaint in detail:</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		<input type="checkbox"/> Mechanical defect	<input type="checkbox"/> Noise, Vibration	<input type="checkbox"/> Electrical defect	<input type="checkbox"/> Over Heating	<input type="checkbox"/> Fall, Breakage, Deformation	<input type="checkbox"/> Wear						
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<p><u>Repair Authorization:</u></p> <p>I authorize the repair for the following amount (plus tax and freight):</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> \$0-\$75</td> <td><input type="checkbox"/> \$76-\$100</td> <td><input type="checkbox"/> \$101-\$125</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> <p><input type="checkbox"/> I would like a quote.</p>		<input type="checkbox"/> \$0-\$75	<input type="checkbox"/> \$76-\$100	<input type="checkbox"/> \$101-\$125	<input type="checkbox"/> Other _____								
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If you have any questions call our service department at (800) 554-8741. You can also download this form from our web page www.festoolusa.com under Service - Repairs and Returns

Indiana Service Center

Festool Repair
400 North Enterprise Blvd
Lebanon, IN 46052

California Service Center

Festool Repair
140 Los Carneros Way
Goleta, CA 93117