

## Customer Repair Authorization

Requested By:  
(Print Name) \_\_\_\_\_

Requested  
on Date \_\_\_\_\_

### Customer Details

Company _____	Contact _____
Address _____	Phone _____ Fax _____
_____	Email _____
City _____	State _____ Zip _____

### Product Details

Part Number	Qty	Serial #	Reason for Return

Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please Send to Checked Location (Note: Sending to wrong location may delay Repair & have other fees getting to correct site)*

_____ Houston Warehouse 14403 Luthe Rd. Houston TX, 77039	_____ Dallas Warehouse 8701 John Carpenter Frwy, Ste. 230 Dallas, TX 75247	_____ Corsicana Warehouse 212 Tilton Rd. Corsicana TX, 75109
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### For internal use only

CRA #: _____	Repair Estimated Cost: _____	Date of Repair: _____
Issued by: _____	Return rec'd on: _____	Warranty Repair: Yes or No _____
PO Number: _____	Return rec'd by: _____	Replace with new Yes Or No _____