

CRIMP-TECH AUSTRALIA REPAIR/CALIBRATION RETURN FORM

Please return this form with the tool and keep your own copy

Company Name:	Date:
Contact Name:	Contact Email:
Phone Number:	Fax Number:
Purchase Order No:	
Tool Return Address:	
Tool Part Number:	Serial Number:
Other Markings:	
Brief Description of Fault/Requirements:	

**Battery Tools – A survey fee and any associated freight costs will be apply if repair quote is not approved.
 **** Batteries & Charger to be supplied with tool submitted for Service/Repairs******

Please print form and send with tools to:
 Crimp-Tech Australia Pty Ltd
 Unit 2, 35 Neon Street
 Sumner Park 4074
 Queensland Australia

CRIMP-TECH AUSTRALIA – Use Below

Internal Comments:

Date In:	Received By:	Calibrated By:
Date Of manufacture:	Received Condition:	COC Required <input type="checkbox"/> YES <input type="checkbox"/> NO
In Calibration on Receipt: <input type="checkbox"/> YES <input type="checkbox"/> NO	Sales Order No:	CTA-

Adjustment Made:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Tool cleaned prior to calibration check:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Tool fully serviced:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Tool checked for calibration after servicing:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Tool passed calibration check:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Tool passed ratchet check:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Cutting blades test for Banding Tool pass:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

Parts Required.