BANDER REPAIR FORM

Please Enclose Form With Repair or Ffax to 317-784-9028

Company _____
Address _____
_____
_____
_____

Contact _____
Phone _____
Fax _____
Email _____

Date _____
Bander Type _____
Model _____
Serial number _____

Purchase Order _____

Strapping Used _____
Brief Description of Problem _____

Please enclose a small sample of strap if possible

_____
_____
_____
_____

Additional Comments _____
_____
_____
_____
_____
_____

Ship all repairs to: **Traditional Tool Repair, Inc.**

Attn: Repair Dept.
5508 Elmwood Ave. Suite 311
Indpls.IN 46203
PH:317-784-4795 Fax:317-784-9028

Thank you for the opportunity to quote your needs.
Visit us at www.traditionaltool.com