

# Abrasive Specialties Tool Repair Form

Send to: Abrasive Specialties  
Attn: Repair Department  
4201 Airport Road  
Cincinnati, OH 45226  
513-271-3883 • 513-271-3882 fax



Date: \_\_\_\_\_

PO#: \_\_\_\_\_

To help expedite the quote / repair process please indicate the brand, model number, serial number, and problem(s) with the tool(s) you wish to have quoted.

Your Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Brand: \_\_\_\_\_ Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_

Problem(s): \_\_\_\_\_

\_\_\_\_\_

Brand: \_\_\_\_\_ Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_

Problem(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Brand: \_\_\_\_\_ Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_

Problem(s): \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please complete this form and include a copy with the tool(s). Please keep a copy for your records.