

C P I ONLY RECEIVING FORM

Please fill out this form as completely as possible. This form is used to assist us with assigning an identity and ownership to the tools brought into our facility.

Date _____

Contact _____

Company _____

Phone # _____

Address _____

Fax # _____

City, State, Zip _____

Purchase Order# _____

E-Mail Address _____

<< PLEASE INDICATE WHICH OF THE FOLLOWING INSTRUCTIONS APPLY >>
(Check More Than One If Applicable)

Estimate <input type="checkbox"/> Ship <input type="checkbox"/> Call for Pick Up <input type="checkbox"/> Normal Turnaround <input type="checkbox"/> Rush – Need ASAP - Premium Service (50% Additional) <input type="checkbox"/> Okay to Outsource, if applicable* <input type="checkbox"/> Okay to Provide a Replacement Quote, if applicable** <input type="checkbox"/>

Type	Make	Model #	S / N	Tool ID #	Location (if applicable)	Cal Cycle (default is 1yr)	Service	Additional Instructions / Comments
1.							Repair <input type="checkbox"/> Certify <input type="checkbox"/>	
2.							Repair <input type="checkbox"/> Certify <input type="checkbox"/>	
3.							Repair <input type="checkbox"/> Certify <input type="checkbox"/>	
4.							Repair <input type="checkbox"/> Certify <input type="checkbox"/>	
5.							Repair <input type="checkbox"/> Certify <input type="checkbox"/>	
6.							Repair <input type="checkbox"/> Certify <input type="checkbox"/>	
7.							Repair <input type="checkbox"/> Certify <input type="checkbox"/>	
8.							Repair <input type="checkbox"/> Certify <input type="checkbox"/>	
9.							Repair <input type="checkbox"/> Certify <input type="checkbox"/>	
10.							Repair <input type="checkbox"/> Certify <input type="checkbox"/>	

If a tool is beyond our capability, we would outsource to an approved vendor. Shipping costs & evaluation fee (if applicable) will still apply
 Check Box if you would like to have a replacement tool quoted from our inside sales department (i.e. tool fails or beyond economical repair)