

**REPAIR RETURN FORM**

Company Name: \_\_\_\_\_ Prepared by: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Today's Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Phone Number : \_\_\_\_\_ Return by Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Item(s) being returned	Serial Number	Description of Problem
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Return Shipping Address:**

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

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

Attention: \_\_\_\_\_

Shipping Company for SnowMasters to use: UPS \_\_\_ Fedex \_\_\_ Other (List): \_\_\_\_\_

Account #: \_\_\_\_\_

**Ship repair returns to:**

SnowMasters  
11054 County Road 71  
Lexington, AL 35648  
256-229-5551 phone  
256-229-5552 fax  
[www.snowmasters.com](http://www.snowmasters.com)  
[info@snowmasters.com](mailto:info@snowmasters.com)



**REPAIR REPORT (SNOWMASTERS USE ONLY)**

Machine Type: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Date Received: \_\_\_ / \_\_\_ / \_\_\_\_\_ Date Returned: \_\_\_ / \_\_\_ / \_\_\_\_\_

Problem Identification: \_\_\_\_\_

Time Repair began: \_\_\_\_\_ am / pm Time Repair Finished: \_\_\_\_\_ am / pm

Total Repair Time: \_\_\_\_\_ hrs \_\_\_\_\_ mins

Work Performed: \_\_\_\_\_

Technician: \_\_\_\_\_

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