

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:

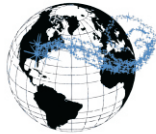
Street Address: _____

City: _____ State: _____ Zip Code: _____

Attention: _____

Shipping Company for GSE to use: UPS ___ Fedex ___ Other (List): _____

Account #: _____



GLOBAL
SPECIAL EFFECTS

Ship repair returns to:
Global Special Effects
11054 County Road 71
Lexington, AL 35648
Ph: 256-229-5551 Fax: 256-229-5552
www.globalspecialeffects.com
info@globalspecialeffects.com

REPAIR REPORT (GSE 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: ___ / ___ / _____