## **REPAIR RETURN FORM**

Company Name:  Contact Name:  Phone Number :	Today's Date:	/
	Serial Number	Description of Problem
Return Shipping Address: Street Address:	-	
City:		
Attention:		
Shipping Company for GSE to use:  Account #:	UPS Fedex	Other (List):
	1105 Lex Ph: 256-229 www.glo info@glo	pal Special Effects 64 County Road 71 cington, AL 35648 0-5551 Fax: 256-229-5552 obalspecialeffects.com obalspecialeffects.com
Machine Type:		
Date Received: / /	Date Returned:	/
Time Repair began: am /	pm Time Repair Fin	nished: am / pm
Total Repair Time: hrs	_ mins	
Work Performed:		
		·

Technician: \_\_