



# TOOL REPAIR REQUEST FORM

Please complete this form and include with your tools sent in for service and/or repair.

For warranty consideration, please include a copy of the dated purchase receipt.

If you have questions or need help contact us at 1-877-SKIL-99

## Customer Information

Date:

Contact Name:

Company Name:

Address:

City:

State:

Zip Code:

Phone Number:

E-mail address:



## Tool Information

Model Number:

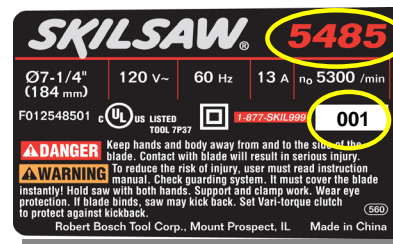
Serial Number / Date Code:

Accessories included:

Example ( Battery, charger, case, etc.)

Description of problem / Description of Service requested:

To find your tool information, review the product label attached to your tool.



Model #

Date Code

**Privacy Statement:** SKIL will not release your information to a third party. The information gathered on this form is used solely for the purpose of contacting you to process your tool repair request.