REPAIR FORM

☐ 60 DAY WARRANTY REPLACEMENT ☐ ONE YEAR REPAIR WARRANTY ☐ REPAIR

CUSTOMER INFORMATION:

PHONE:

PART NUMBER:	SERIAL NUMBER:	* Invoice #

DESCRIPTION OF PROBLEM (Please be as detailed as possible)

IS THE PART UNDER WARRANTY?: ◯ YES / NO ◯

WOULD YOU LIKE AN ESTIMATE?: ◯ YES / NO ◯

***PLEASE INCLUDE A COPY OF THE INVOICE OR INVOICE NUMBER FOR WARRANTY ITEMS. ***

* REQUIRED FIELD WARRANTY APPLIES

Internal use only:

PO # : _____

Vendor RMA #: _____

Repair to be sent to:

RAVEN ◯ **OTHER:**_____

RETURN INFORMATION:

Check One:

Customer: Service Tech:

Please indicate name of Field Service to return to.

Notes:

FOR RETURNS AND QUESTIONS CONTACT:

Attn: Melissa Williams
8990 West US Route 36
Harristown, Illinois 62537
1-800-637-1692 ext. 229
melissa.williams@jennerag.com