



Customer Repair Form

Customer: _____	Date: _____
Contact: _____	Phone #: _____
Email Address: _____	Fax #: _____
Street Address: _____	Accessories Shipped _____
Model #: _____	Serial #: _____
_____	_____

Description of Problem: _____

Estimated usage (hours per week, and RPM): _____

Warranty?*: Yes No Purchase Date / Last Service Date _____

Please ship machine and completed form to:

Adams-Maxwell Winding Systems
 ATTN: Repair Department
 668 Flinn Ave., Unit 28
 Moorpark, CA 93021

Date Received:

<input type="checkbox"/> Foot Pedal <input type="checkbox"/> Power Cord <input type="checkbox"/> Chuck / Tooling
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***ANY EVIDENCE OF TAMPERING WITH MACHINE WILL AUTOMATICALLY VOID ANY AND ALL MANUFACTURER'S WARRANTIES (i.e. opening machine, addition of user components, user repairs).**

****ALL PROGRAMMING WILL BE REFORMATTED TO FACTORY SETTINGS, PLEASE NOTE PROGRAMMING PRIOR TO SHIPMENT.**