



## Tool Repair Form

Date:
Company:
Name:
Phone:
Tool Model:
Serial Number:
Description of Problem:

I acknowledge that there is a \$35.00 tool inspection fee. The fee will be waived if GLFast repairs the tool. The tool inspection fee will not apply to tools that are under warranty.

Signature: \_\_\_\_\_

**Please mail the tool and this form to:**

Great Lakes Fastening  
Attn: Repair Department  
2810 Hoitt Ave.  
Knoxville, TN 37917