



**BANDER REPAIR FORM**

Please Enclose form with repair or fax to 317-784-9028/Email Kim@traditionaltool.com

**Company** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Contact** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Fax** \_\_\_\_\_

**Email** \_\_\_\_\_

**Bander Type** \_\_\_\_\_

**Model** \_\_\_\_\_

**Serial number** \_\_\_\_\_

**Purchase Order** \_\_\_\_\_

**Strapping Used** \_\_\_\_\_ (Please enclose a small sample of strap if possible)

**Brief Description of Problem** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional Comments** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Ship all repairs to: Traditional Tool Repair, Inc.**

**Attn: Repair Dept**

**5508 Elmwood Ave Suite 311**

**Indpls, IN 46203**