



HY-TECH AUTOMATION REPAIR EQUIPMENT REPAIR FORM

DATE: _____
COMPANY NAME: _____
CONTACT: _____
ADDRESS: _____
PHONE: _____
FAX: _____
EMAIL: _____

TYPE OF UNIT:

MANUFACTURER: _____
MODEL: _____
SERIAL: _____

MACHINE INFORMATION:

MANUFACTURER: _____
MODEL: _____
SERIAL: _____
CNC#: _____

DESCRIPTION OF PROBLEM:

STATUS:

- SAME DAY (IF POSSIBLE)
MACHINE DOWN (BACK BY NEXT DAY)
DO (NO QUOTE REQUIRED)
HOT QUOTE 2 DAY
HOT QUOTE 1 WEEK
HOT QUOTE 2 WEEK

*Please include this form with your unit. Adding machine information will be helpful in limiting turnaround time as some manufacturers require this information to order parts.