

# REPAIR REQUEST FORM



Please complete and ship to :

Smoltz Distributing, Inc.  
31710 Mound Road  
Warren, MI 48092  
Phone: (586) 795-5400  
Fax: (586) 795-0624

Date: \_\_\_\_\_

Customer (Dealer): \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Brand: \_\_\_\_\_

Model: \_\_\_\_\_

Serial #: \_\_\_\_\_

Warranty Yes \_\_\_\_\_ No \_\_\_\_\_ (Please attach proof of purchase)

Estimate Required Yes \_\_\_\_\_ No \_\_\_\_\_ OK up to \$ \_\_\_\_\_

Defect: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Ship To (if different then address above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_