



Repair Request

First Name: _____ Last Name: _____

Company Name: _____

Return Shipping Address

Street: _____

City: _____ State/Prov: _____ Zip: _____

Country: _____ Phone: _____

Email Address: _____

Tool Model Number: _____ Material Cutting: _____ Gauge: _____

Date Purchased: _____ Purchased From: _____

Concerns Having With This Tool: _____

Return this completed form to curt@fargo-ent.com to receive an RMA number. Once you receive the RMA number along with shipping instructions, you will be asked to send the tool in question along with sample of the material that you are working with that has caused your concerns/issues.