



EQUIPMENT REPAIR FORM

PLEASE FILL OUT THE FOLLOWING INFORMATION WHEN SHIPPING EQUIPMENT FOR REPAIR

SHIPPING RETURN ADDRESS:

BILLING ADDRESS (same as Shipping): Y / N

COMPANY: _____

LOCATION: _____

ADDRESS: _____

CITY/PROV: _____

POSTAL CODE: _____

CONTACT: _____ PHONE NO.: _____ FAX: _____

CALL FOR ESTIMATE: **Y / N** only if repairs exceed _____

PO #: _____ Authorization Code / Signature: _____

EQUIPMENT AND/OR ACCESSORIES:

DESCRIPTION

SERIAL #

_____	_____
_____	_____
_____	_____
_____	_____

DESCRIPTION OF PROBLEMS

Return repaired equipment via:

Courier: _____

Acct #: _____

HAMDON WELLSITE SOLUTIONS
9415 – 27th AVE NW
EDMONTON, AB, CANADA
T6N 1C9