

Skip-Line Inc.

Inspection or Repair Information Form

Company: _____

Return Method:

Ground Next Day Air 2 Day 3 Day

Contact Name: _____

Return Address (No PO Box):

Phone Number: _____

P/O Number: _____

Date Sent: _____

Model(s): _____

Serial Number(s): _____

This is an: Inspection Repair

If this is a repair, or there is something specific you would like us to look at, please explain below.

<p>Affix your business card here (optional)</p>
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Billing Address (Required):

Thank You!

Ship this form with your equipment to:

**Skip-Line
10514 N. McAlister Road
La Grande OR 97850**