

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: _____

Email: _____

P/O Number: _____

Date Sent: _____

Model(s): _____

Serial Number(s): _____

This is an: Inspection Repair Update Other: _____

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

Affix your business card here
(optional)

Billing Address (Required if different from above):

Thank You!
Ship this form with your equipment to:
Skip-Line Repairs
10514 N. McAlister Road
La Grande OR 97850

Contact Us:
Hours: 8am-4:30pm Pacific Time
Monday-Friday
repairs@skipline.com
541-963-0111