



Inspection or Repair Information Form

Company: _____

Contact Name: _____

Phone Number: _____

Email: _____

P/O Number: _____

Date Sent: _____

Model(s): _____

Serial Number(s): _____

This is an: Inspection Repair Update Other: _____

Please provide a detailed description of the problems/issues you are experiencing below.

Return Method:

- Ground Next Day Air 2 Day 3 Day
 Saturday Delivery

Return Address (No PO Box):

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**