

REQUEST FOR REPAIR

Company*	Account Number*				
Name*					
Phone*	Address*				
riione	E-mail*				
TOOL IDENTIFICATION	Lillan				
Tool Type*	Serail number*				
Brand*	Purchase date*				
Model*	Nail charger included?				
Please describe the problem*					
SERVICE INFORMATION					
If you approve a maximum amount for repairs, please enter it here					
Order number (P / O) for the amount if approved (if you do not have one, write n / a) *					
Name of the User					
Phone number					

^{*} Required fields



2021 REPAIR FORM

LEGAL CONDITIONS

Hourly rate: \$80.00 / hour (minimum charge of ½ hours)

Estimation fees:

✓ Electric or air tool: 30.00\$ (\$ deposit required)
✓ Hydraulic or gas tool: 50.00\$ (\$ deposit required)

✓ **Estimate priority:** 50.00\$ (overcharge of the estimate)

When registering your tool, an estimate fee will be charged and credited at 50% if the tool is repaired by our technician. Allow an estimation period of 2 to 4 days depending on the time of year.

For any tool repair (internal or external), the Customer must provide the information set out in the **Repair Form.**

For any repair under warranty, it is necessary to have for each tool:

- ✓ A copy of the purchase invoice (required)
- ✓ The serial number (required)

Once the repair is completed, the Customer will have a period of 21 days to recover his tool. The tool will then be shipped to him at his expense.

If the tool is not repaired by our technician, the Customer will have a period of 21 days to recover their tool. After this period, if the tool has still not been collected, it will be returned to him at his expense.

By signing this document, I confirm t hat I have read the information, conditions and prices applicable for MEUNIER Outillage Industriel repair services and I declare that I accept them.

Client Signature*				
Date*		_		

Upload and complete file. Send it by e-mail to repair@outillagemeunier.com