

# SPOTNAILS / MAESTRI LTD - TOOL REPAIR / SERVICE FORM

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COMPANY NAME:  
 ADDRESS:  
 POST CODE:

CONTACT NAME:  
 TEL NO:  
 EMAIL:

DATE:  
 YOUR REF:

TOOL DETAILS: PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE

TOOL NO.	MAKE & MODEL #	SERIAL #	DESCRIPTION OF FAULT
1			
2			
3			
4			
5			
6			
7			
8			

PLEASE CLEARLY MARK EACH TOOL SUBMITTED WITH THE CORRESPONDING TOOL NUMBER ABOVE

PLEASE MAKE SURE YOU RETAIN A COPY OF THIS FORM FOR YOUR OWN RECORDS & SEND THE ORIGINAL WITH THE TOOLS TO:  
 SPOTNAILS / MAESTRI LTD, UNIT 14 PANTGLAS IND.ESTATE, BEDWAS, CAERPHILLY, SOUTH WALES, CF83 8DR (TEL 029 2086 0222)