

My Company
Repair Tag

Claim #:
1001

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

Item _____ Date In _____

Date Shipped to Mfgr _____

Date Recd from Mfgr _____

Description of Repairs to be made:

My Company

123 Any Street
HomeTown, USA 12345
(555) 555-1234

Claim #:
1001

Item Being
Repaired: _____

Claim Check

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Repair Tag

Claim #:
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