

Low Prices Fast Shipping

CUSTOMER INFORMATION SHEET

| Name: | Phone: |
|---|----------------------------|
| Address: | |
| E-mail: | |
| Machine Manufacturer: | |
| Model: | |
| List issues or concerns with the machine: | |
| | |
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| | |
| Is pick up needed? Yes: ☐ No: ☐ | |
| Pick up location address: Commercial: | Residential: |
| Does address have loading dock or fork lift | ? If yes, please describe: |
| | |
| Available pick up time(s): | |
| Contact name at pick up location: | |

Please complete this form and include it with the unit. If pick up is required, please e-mail form to David Krell at dkrell@steeldragontools.com or call 866-837-6524 www.SteelDragonTools.com