



Tracking #: _____

Date: _____

Repair Form

Account Number: _____

Distributor/Contractor: _____

Contact: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

*Tool will be shipped to above address unless otherwise requested.

Gyp-Fast Tools (enter the serial number(s) and the type of tool(s) you are returning for service)

			OFFICE USE ONLY	
			Repair Input	
Reference Number	Serial Number(s)	Tool Type A=Air C=Cordless	Shot Count	New Serial #
1				

Diagnostics (place a check in the "Chk Box" column for the appropriate explanation)

(Chk Box)	(Complete)	(Chk Box)	(Complete)
A	<input type="checkbox"/>	Won't Fire	<input type="checkbox"/>
B	<input type="checkbox"/>	Nail Jam	<input type="checkbox"/>
C	<input type="checkbox"/>	Intermittent Firing	<input type="checkbox"/>
D	<input type="checkbox"/>	Shoulder Screw - Broken	<input type="checkbox"/>
E	<input type="checkbox"/>	Shoulder Screw - Bent	<input type="checkbox"/>
F	<input type="checkbox"/>	Shoulder Screw - Stripped Out	<input type="checkbox"/>
G	<input type="checkbox"/>	Stripped Out Screw - Handle	<input type="checkbox"/>
H	<input type="checkbox"/>	Stripped Out Screw - Nosepiece	<input type="checkbox"/>
I	<input type="checkbox"/>	Stripped Out Screw - Flange Adpt	<input type="checkbox"/>
J	<input type="checkbox"/>	Inconsistent Performance	<input type="checkbox"/>
K	<input type="checkbox"/>	Fan Bent / Noisy	<input type="checkbox"/>
L	<input type="checkbox"/>	Broken Magazine Latch	<input type="checkbox"/>
M	<input type="checkbox"/>	Difficult Engagement	<input type="checkbox"/>
N	<input type="checkbox"/>	Piston Not Returning	<input type="checkbox"/>
P	<input type="checkbox"/>	Electrical	<input type="checkbox"/>
Q	<input type="checkbox"/>	Missing Parts (Screws)	<input type="checkbox"/>
R	<input type="checkbox"/>	Upgrade	<input type="checkbox"/>
S	<input type="checkbox"/>	General Cleaning	<input type="checkbox"/>
Z	<input type="checkbox"/>	Other (be specific):	<input type="checkbox"/>

Repair Comments (Office Use Only): _____

Received by: _____ Date: _____

Repaired by: _____ Date: _____

Returned by: _____ Date: _____

UPS Tracking #: _____

IMPORTANT: REMOVE ALL FUEL CELLS FROM TOOL - DO NOT SEND FUEL CELLS BACK!!

All Repair / Service Items need to be sent to:

ITW Buildex
1349 West Bryn Mawr Ave.
Itasca, IL 60143
Attn: Tool Repair Dept.