

Tool Repair Work Order Form

Work Order Number:

3081

Ship Tool To: King Steel Fasteners 1800 Metamora Rd

Oxford, Michigan 48371 USA

To be filled out	by Custom	er or KSF Sales Dept.		
Customer Name):			
Contact Name:				
Contact Phone:				
Contact Fax:				
Received By:				
Received Date:				
Tool Model #:	•			
Tool Serial #:				
☐ Refurbished	☐ Rental	☐ Customer Owned		
Problem with tool				
Additional Comments:				

Parts to be replaced:				
QTY	Part Number	Description		
		-		
	1 12			
Estimated Man Hours				
Actual Man Hours				
	oproved For Repair epairs Not Approved			
	Tech:			
перип				
Date:				
□ Re	☐ Repairs Are Complete			

White Copy = Tool Repair File

Yellow Copy = Customer File

Pink Copy = Customer Copy