

C P I RECEIVING FORM

Please fill out this form as completely as possible. This form is used to assist us with assigning an identity and ownership to the tools brought into our facility.

Date _____

Contact _____

Company _____

Phone # _____

Address _____

Fax # _____

City, State, Zip _____

Purchase Order # _____

E-Mail Address _____

<< PLEASE INDICATE WHICH OF THE FOLLOWING INSTRUCTIONS APPLY >>
(Check More Than One If Applicable)

Estimate <input type="checkbox"/>	Normal Turnaround <input type="checkbox"/>	UPS (Regular) <input type="checkbox"/>	Call For Pick Up <input type="checkbox"/>
Rush – Need ASAP - Premium Service (50% Additional) <input type="checkbox"/>			

Tool Make & Type	Model #	S / N	Tool ID #	Comments	Service	Price
1.					Repair <input type="checkbox"/> Certify <input type="checkbox"/>	
2.					Repair <input type="checkbox"/> Certify <input type="checkbox"/>	
3.					Repair <input type="checkbox"/> Certify <input type="checkbox"/>	
4.					Repair <input type="checkbox"/> Certify <input type="checkbox"/>	
5.					Repair <input type="checkbox"/> Certify <input type="checkbox"/>	
6.					Repair <input type="checkbox"/> Certify <input type="checkbox"/>	
7.					Repair <input type="checkbox"/> Certify <input type="checkbox"/>	
8.					Repair <input type="checkbox"/> Certify <input type="checkbox"/>	
9.					Repair <input type="checkbox"/> Certify <input type="checkbox"/>	
10.					Repair <input type="checkbox"/> Certify <input type="checkbox"/>	
11.					Repair <input type="checkbox"/> Certify <input type="checkbox"/>	
12.					Repair <input type="checkbox"/> Certify <input type="checkbox"/>	
13.					Repair <input type="checkbox"/> Certify <input type="checkbox"/>	
14.					Repair <input type="checkbox"/> Certify <input type="checkbox"/>	