Order/Repair Form (Please fill out completely)

BILL TO

Your Address

_____

_____

_____

Attention: Accounts Payable _____

Contact Name _____

Phone (_____) _____

Purchase Order Number _____

SHIP TO

☐ **Check if Same As Bill To Address**

_____

_____

_____

_____

Repair Authorization Signature _____

☐ **Please call before repairs are started.**

Qty.	Product Number	Description of Problem	Technician Use Only

Method Desired For Return Shipment (Please Select Method)

☐ **UPS (Ground)** ☐ **UPS Overnight** ☐ **UPS 2-Day** ☐ **UPS 3-Day**

Send Repairs To:

Titan Manufacturing Inc.

818 Jefferson St., Fall River, MA 02721

800-207-0170 • 610-935-8203

Fax Your Order to:

610-933-9771