



Customer Contact Repair Information Form

Customer Information

Name : _____
 Job Title/ Position : _____
 Company : _____
 Work # : _____
 Cell # : _____
 Email : _____

Street Address : _____
 Town/State/Zip : _____
 Billing Contact Name : _____
 Billing # : _____
 Billing Email : _____

Industry

General Manufacturing	<input type="checkbox"/>	Medical Manufacturing	<input type="checkbox"/>
Aerospace Manufacturing	<input type="checkbox"/>	Wood Manufacturing	<input type="checkbox"/>
Plastics Manufacturing	<input type="checkbox"/>	Food Manufacturing	<input type="checkbox"/>

Motor Information

Motor Manufacturer : _____
 Motor type # : _____
 Motor Serial # : _____
 Drive type : _____

Machine Make : _____
 Machine Type : _____
 Machine Serial # : _____

Please include any information regarding your servo motor performance concerns :

SHIP YOUR MOTOR TO :
 SERVOTECH INC.
 478 TIMBER RIDGE RD
 MIDDLETOWN, CT 06457

PLEASE INDICATE DESIRED TURNAROUND TIME :

RAPID RESPONSE 15% EXPEDITING FEE	<input type="checkbox"/>
STANDARD REPAIR 5 DAY TURNAROUND	<input type="checkbox"/>