



TOOL SERVICE RETURN FORM

Ship to: TEAL CORPORATION

5995 149th Street West, Ste. 103
 Attn: Service Department
 Apple Valley, MN 55124
 Phone: 952-432-8325 Fax: 952-432-3298

REQUIRED: SHIPPING / BILLING INFORMATION BELOW**Your Shipping Address:****Your Billing Address:**

Company Name: _____

[] Check if same as Shipping Address

Contact: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone #: _____

Fax #: _____

Email: _____

REQUIRED: PRODUCT INFORMATION BELOW

Manufacturer: _____

Model: _____

Serial : _____

Equipment Type: _____

Accessories Included: _____

Reason for Sending: [] Gen. Repair [] Repair & Cal. [] New Product Warranty [] Other _____

Failure Symptoms / Comments – Please be as specific as possible:

REQUIRED: RETURN SHIPPING INFORMATION BELOW

Stanley VIRAX will pay for return shipping via UPS Ground unless otherwise specified. If you prefer faster shipment charges will apply.

If you prefer faster shipment fill in the following: What shipping company are you using? _____

[] UPS Ground (no charge) [] Next Day Air [] 2-Day Air [] Other: _____

[] Prepay & add freight to my charges [] Charge my account with chosen carrier, Acct #: _____

REQUIRED: PAYMENT INFORMATION

[] We will pay via Purchase Order

[] We will pay via C.O.D. (U.S. destinations only)

Purchase Order #: _____

[] We request Net 30 Terms – Please include credit reference information

Note: No Credit Cards Accepted

Please PROVIDE a copy of the original invoice for purchase of tool for product warranty repairs
 Please SEND a copy of this form with the tool and FAX a copy to 952-432-3298 in advance