**ARNETT TESTING & DISTRIBUTION**

 **RETURN FOR REPAIR/MODIFICATION FORM**

***\*\*PRINT THIS FORM OUT & SEND IN WITH REPAIR\*\****

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Company/Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ship back address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purchase Order #\_\_\_\_\_\_\_\_\_\_\_\_ Credit Card order: \_\_\_\_**

**NOTES:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Products to be ordered:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Repair Contacts: Bob Cummings, Kathy Wilson kathy@hjarnett.com

Accounting: Kathy Wilson, Kathy@hjarnett.com

**HJ Arnett: 20460 SW Avery Court, Tualatin, OR 97062 Phone: 503-692-4600**

\*\*Evaluation & repair quote will be provided for approval prior to work being started.