



Repair Request Form

Please complete the information below to ensure prompt and accurate service on your repair request. Include this form with your unit being returned. Thank you.

Date of Return:
Company Name & Address

Billing Address

Contact Person:

Phone #:

Fax #:

Purchase Order #:

MODEL NO.	SERIAL NUMBER

Ship Method to Tesla:
Description of Shipping Package:
Description of Problem

Return To:

Tesla Industries, Inc.
109 Centerpoint Boulevard
New Castle, DE 19720
Attn: Repair Department