



Power Anytime, Anywhere

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: _____

Email: _____

Phone #: _____

Fax #: _____

Purchase Order #: _____

MODEL NUMBER	SERIAL NUMBER

Ship Method to Tesla: _____

Description of Shipping Package: _____

Description of Problem: _____

Return to: Tesla Industries, Inc.
101 Centerpoint Blvd., New Castle, DE 19720
Attn: **Repair Department**

Tesla™ Industries, Inc.
www.teslainsd.com
Email: tesla1@teslainsd.com
Headquarters: (302) 324-8910
101 Centerpoint Blvd. New Castle, DE 19720 USA

