**STRAPPING TOOL REPAIR FORM**

Date:

Company Name:

Address:

Contact Name:

Phone Number:

Email Address:

Tool Brand:

Model Number:

Serial Number:

Strap Type (steel, PET or PPY):

Strap Size (width & thickness):

Problem with tool:

**Please enclose form with tool or email to** [**spencer@atlastoolandmachine.com**](mailto:spencer@atlastoolandmachine.com)

**Ship tool to:**

**Atlas Tool and Machine Service**

**9609 Fetlock Way**

**Elk Grove, CA 95624**