



Repair Request Form

Date: _____

Customer Name: _____ Order #: _____

Serial #: _____

What item(s) are you returning for a repair?

Reason for Repair?

Return Shipping Label Address:

Customer Name		
Address		
City	State	Zip

Have you communicated with our Tech Support team?

Yes No

Is this a Warranty or Non-Warranty issue?

Warranty Non-Warranty

For Office Use ONLY	<div style="border: 1px solid black; width: 100px; height: 100px; display: inline-block;"></div>	Product Return Inspection Approved by: _____ Technician
		Approved for Processing by: _____ Operations Manager
		If not approved, explain: _____

Date Received: _____ Date Processed: _____ Refund Processed by: _____

Once you have filled out this form, please send it to returnsandexchanges@coolfiretrainer.com