

**FOR FASTEST SERVICE - PRINT THIS FORM
FILL IN AND SHIP WITH YOUR ORDER**

NAME: _____

SHIPPING ADDRESS: _____

(NO PO BOXES PLEASE) _____

PHONE: _____

FAX: _____

CREDIT CARD #: _____ EXP. _____

RETURN ADDRESS:

SHIP TO:
**REPAIR DEPARTMENT
 BURNS TOOLS
 350 M.S. BISHOP BLVD.
 FALL RIVER, MA 02721**

TOOLS FOR REPAIR

QTY.	BRAND	MODEL #	S/N	REPORTED PROBLEM

RETURN LABEL

BURNS TOOLS
 350 M.S. BISHOP BOULEVARD
 FALL RIVER, MA 02721

SHIP TO:
