



# Repair Request Form

6115 NW 123<sup>rd</sup> PL  
Gainesville FL, 32653  
Fax: (386) 418-4221  
Phone: (386) 418-8880

**Billing Information:**

Name:	Date:
Phone:	Email:
Address:	Hub ID:

**Shipping Information (If different from billing):**

Name:	
Phone:	Email:
Address:	Hub ID:

<b>Model Type:</b> <input type="checkbox"/> CONVGT <input type="checkbox"/> SSLAW <input type="checkbox"/> SSHSLA <input type="checkbox"/> HSLA
<b>Model Type Information: Use for reference on model types above.</b>  CONVGT: Roll feed top apply applicator – RS232 communications. SSLAW: Fanfold top apply applicator – RS232 communications. SSHSLA: Fanfold high speed top apply applicator – Ethernet communications. HSLA: Fanfold high speed side apply applicator – Ethernet communications.

**Fill out the serial numbers below.**

Frame Serial Number:	Print Engine Serial Number:	Blow Applicator Serial Number:

**Purchase Order Number:** \_\_\_\_\_**Tracking Number:** \_\_\_\_\_**Description of issue(s) with applicator:**

Please be advised that all sections on this form are to be filled out **prior** to sending in the applicator for repair to ensure the lead time of 3 – 5 business days. During peak season the lead time is subject to change without notice.