



Service Department Work Request

Name: _____ Date: _____

Return Shipping Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number
Where You Can Be Reached: _____

Email: _____

Purchased From: _____ Date (Mth/Yr): _____

Description of Problem: _____

**OUT OF WARRANTY products require a \$55 repair fee.
Please submit check to King Arthur's Tools or call 1-800-942-1300 to pay with credit card.**

..... Cut Line

Product Return Instructions:

1. **DO NOT** return your product to the place of purchase.
2. Complete this Work Request Form and include it with the tool.
3. Securely package the product by itself and return the product only, freight prepaid.
4. **Include a copy of your dated proof of purchase.**
5. Ship to: King Arthur's Tools
3645 Hartsfield Road
Tallahassee, FL 32303
Attention: SERVICE DEPT
6. QUESTIONS? please call 1-800-942-1300
7. We recommend that the package be insured against loss or in transit damage.