



## 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 \$60 repair fee (\$100 international).  
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.