

REPAIR RETURN FORM

Company Name: _____ Today's Date: _____

Contact Name: _____ Phone Number: _____

Prepared By: _____ Return By Date: _____

RA #: _____

EMAIL FOR RA# BEFORE SENDING UNIT FOR REPAIR. (SERVICE@GLOBALSPECIALEFFECTS.COM)

Returns received without a valid RA# will be REFUSED.

| Item(s) Being Returned | Serial Number | Problem Description |
|------------------------|---------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

RETURN SHIPPING ADDRESS:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Attention: _____ Account #: _____

Preferred Shipping Method: (circle) UPS FedEx Other: _____

SHIP RETURNS TO:



Global Special Effects
11054 County Road 71
Lexington, AL 35648
256-229-5551



You MUST include this Repair Return Form with product you are sending back.

REPAIR REPORT (GSE USE ONLY)

Machine Type: _____ Serial #: _____

Date Received: _____ Date Returned: _____

Problem Identification: _____

Work Performed: _____

Technician: _____ Date: _____