



Customer Repair Form

Customer: _____ Date: _____
Contact: _____ Phone #: _____
Email Address: _____ Fax #: _____
Street Address: _____
Model #: _____ Serial #: _____

Description of Problem:

Warranty?*: Yes No

Please ship machine and completed form to:

Adams-Maxwell Winding Systems
ATTN: Repair Department
4740 Calle Carga
Camarillo, CA 93012

Date Received Stamp

***ANY EVIDENCE OF TAMPERING WITH MACHINE WILL AUTOMATICALLY VOID ANY AND ALL MANUFACTURER'S WARRANTIES (i.e. opening machine, addition of user components, user repairs).**

****ALL PROGRAMMING WILL BE REFORMATTED TO FACTORY SETTINGS, PLEASE NOTE PROGRAMMING PRIOR TO SHIPMENT.**