



# SAWYER MFG COMPANY

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## Equipment Repair Form

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Return Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Purchase Order #: \_\_\_\_\_

**Type of Equipment:**      **Serial #:** \_\_\_\_\_

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Quick Set Beveling Machine | <input type="checkbox"/> Beveling Band | <input type="checkbox"/> Internal Clamp | <input type="checkbox"/> Accuwrap II   |
| <input type="checkbox"/> Compact Beveling Machine   | <input type="checkbox"/> Crawler       | <input type="checkbox"/> External Clamp | <input type="checkbox"/> Dent Remover  |
| <input type="checkbox"/> 25/50 Ton Bend and Tensile | <input type="checkbox"/> Grasshopper   | <input type="checkbox"/> Pipe Lifting   | <input type="checkbox"/> Pipe Expander |
| <input type="checkbox"/> 15 Ton Strap Bender        | <input type="checkbox"/> Coupon Cutter | <input type="checkbox"/> Pipe Bending   | <input type="checkbox"/> Other         |

### Parts/Accessories sent with equipment:

- |  |                                       |  |                                |
|--|---------------------------------------|--|--------------------------------|
| <input type="checkbox"/> Dbl. Cut Torch Carrier  | <input type="checkbox"/> Torch Holder | <input type="checkbox"/> Boomer Assembly | <input type="checkbox"/> Other |
| <input type="checkbox"/> Out-of-Round Attachment | <input type="checkbox"/> Motor Drive  | <input type="checkbox"/> Control Box     |                                |

### Brief description of what is wrong and the application:

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