



Hop Industries Corporation

MACHINE REPAIR REQUEST FORM

Open in Acrobat to fill and submit this form.

*For Customer Only

DATE: _____

COMPANY NAME: _____

ADDRESS: _____

CONTACT PERSON: _____ TEL# _____

MODEL# _____ SERIAL# _____

MACHINE DETAILS: _____

** Please attach images to this form when you send it.*

*For Machine Workshop Only

EXAMINATION INFORMATION

DATE EXAMINED: _____

PICTURE TAKEN YES NO

PARTS TO BE ORDER YES NO

ESTIMATED TIME TO FIX _____

ESTIMATED PRICE FOR REPAIR _____

EXAMINE AND REPORT (CHECK ONE)

CUSTOMER DAMAGE

SHIPPING DAMAGE

FACTORY DAMAGE

REPAIR INFORMATION

DATE OF REPAIR _____

TIME FOR REPAIR _____

REPAIR BY WHOM _____

TOTAL CHARGE FOR REPAIR: _____

PARTS USED

EXPLANATION OF REPAIRS

COMMENTS