



Service Request Form

Note: Please complete one form per each individual machine request.

Bill-To Address:

Company Name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

Service Location:

Company Name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

Contact Information:

Name: _____

Phone Number: _____

Email: _____

Is a Distributor or Rep Involved? Yes No

Distributor Name: _____

Rep Name: _____

Service Type:

Process Evaluation

Repair

Thermal Calibration

Training

What series did you purchase?

APR-1100-SRS

APR-1200-SRS

APR-1200-SRS-MOB

APR-1200A-SRS

APR-1200A-SRS-MOB

APR-5000-XL-ML

APR-5000-XLS-ML

APR-2000-SCS

APR-5000

APR-5000-DZ

Serial Number: _____

Year Purchased: _____

Quantity: _____

Detailed Description of Problem:

Previous Service Performed: _____

Please provide details if available:

Email the completed form to Service@APR-Rework.com

3651 Walnut Avenue, Chino, CA 91710

Phone: (909) 627-2453 | Email: Service@APR-Rework.com | Web: APR-Rework.com