



1645 Lemonwood Dr.
Santa Paula, CA 93060

WARRANTY / SERVICE / PARTS REQUEST FORM



FAX REQUEST TO (805) 933 - 1128 or E-mail to warranty@bendpak.com

SHIPPING INFORMATION

Name:		
Company:		
Address:		
City:	State:	Zip:
Country:		

Complete Phone # 1:
Complete Phone # 2:
Complete Phone # 3:
Complete Fax #:
Email Address:

DISTRIBUTOR INFORMATION

Name:		
Company:		
Address:		
City:	State:	Zip:
Country:		
Primary Phone #:		

SERVICE CENTER INFORMATION

Name:		
Company:		
Address:		
City:	State:	Zip:
Country:		
Primary Phone #:		

PRODUCT INFORMATION

LIFT MODEL:	POWER UNIT MODEL:
LIFT SERIAL #:	POWER UNIT SERIAL #:
DATE OF MFG.:	DATE CODE:
PLEASE FILL OUT COMPLETELY TO EXPIDITE YOUR ORDER.	

BENDPAK SALES ORDER #	
BENDPAK INVOICE #	
PURCHASE ORDER #	
CASE #	
PLEASE PROVIDE THIS INFORMATION IF AVAILABLE.	

PLEASE DESCRIBE PROBLEM HERE

PARTS REQUIRED

QTY	DESCRIPTION	BENDPAK PART #	DRAWING NUMBER	OTHER

SERVICE REQUESTED
