

CPR #

# Request for CPR (Customer Product for Repair) Authorization Form

This form is used to request and receive a CPR number for customer's products that will be sent in for work. For any products requiring repair it is imperative that this form be filled out completely and accurately to prevent loss or delays in turn-around time. Fax the form to us at 860.526.2747. We will make every effort to process the part/s as soon as possible. If you wish to contact us, our Parts Department can be reached at 860.526.9561 ext. 243 or via email at [spareparts@gbr.com](mailto:spareparts@gbr.com).

Company name: \_\_\_\_\_ Contact name: \_\_\_\_\_

email Address: \_\_\_\_\_

Address1: \_\_\_\_\_ Address2: \_\_\_\_\_

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

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

Cell: \_\_\_\_\_

Machine model #: \_\_\_\_\_ Machine serial #: \_\_\_\_\_

Date installed: \_\_\_\_\_ PO # for work: \_\_\_\_\_

Product part #:	Description:	Work to be done:	Qty:

CPR # is valid for 10 days after date of issuance

CPR # must be labeled on the outside of the package

Any product sent in for repair without a CPR # may be refused

Place a copy of this form on the inside of the package

High value return must be insured

Sender must prepay postage.

Parts found to be unrepairable will be returned if customer wishes and invoiced for shipping plus diagnostic charges

By signing below, customer understands and agrees with the terms and policy as stated in this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_