

IRRIGATION TECHNOLOGY SERVICES INC. REPAIR FORM

SHIP TO:

DATE: _____

ORDER# _____

COMPANY

NAME _____

RETURN SHIPPING ADDRESS: _____

BILLING

ADDRESS: _____

CONTACT

NAME: _____

EMAIL: _____

PHONE: _____

PRODUCT TO BE REPAIRED:

ISSUES WITH UNIT

IRRIGATION TECHNOLOGY SERVICES INC.

4647 CR 3416

WILLS POINT, TX 75169