|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **PLEASE EMAIL, FAX, OR PLACE IN MILL CRATE** | | | |
|  | **ILL RETURN FOR RECONDITIONING** | | | |
|  |  | | | |
| **Dalworth® Shipping Address:** | |  | **Billing Info:** | |  |
| 5136 Saunders Rd | |  | **Company:** | |
| Fort Worth Texas, 76119 | |  | **Address:** | |  |
| **Contact:** | |  | **City, State, Zip code:** | |
| Darin Wilbur (darin@dalworthmachine.com) | |  | **Phone:** | |
| P: 817-561-9802/ FAX: 817-561-9748 | |  | **Email:** | **Accounting Email:** |
| **Mill serial #** | | | **Plant manager:** | **Billing Contact:** |  |
| **Mill model #** | | | **Mill operator:** | |  |
| **Date shipped:** | | | **PO#:** | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **WORK REQUESTED** | | | | | | | | | | | | | | | |
|  | **STANDARD MAINTENANCE / RETURN TO OEM SPECS. Requires 2-8 weeks depending on workload when received. Contact us for estimate.** | | | | | | | | | | | | | | |
|  | **EXPEDITED SERVICE – DESIGNATES YOUR REPAIR TO BE TOP PRIORITY IN OUR SHOP. MILL WILL COMPLETED IN 3-5 DAYS NORMALLY, LESS IN SOME CASES - ADDITIONAL 15% OF TOTAL COST WILL BE APPLIED TO FINAL BILL** | | | | | | | | | | | | | | |
|  | **REQUIRE QUOTE FOR UP-GRADES** | | |  | **ADD INNER BEARING COOLING SYSTEM** | |  | **ADD EZ-LOC® Gap Adjuster** | | | |  | | **ADD MILL CONTROL SYSTEM** | |
| **OUTLET DIRECTION (FROM SUPPLY FLANGE) NEEDED WHEN RETURNED** | | | | | | | | | | | | | | | |
|  | **DOWN** |  | **LEFT** |  | **RIGHT** | |  | **UP** | |  | **SAME AS WHEN SENT IN** | | | | |
|  | **ISSUES WITH MILL OPERATION THAT MAY REQUIRE SPECIAL ATTENTION** | | | | | | | | | | | | | | |
| **EXPLANATION:** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **TOTAL GALLONS THROUGH MILL SINCE PLACED IN SERVICE:** | | | | | | | | |  | | | | | | |
| **RETURN SHIPPING ADDRESS:** | | | | **ATTN:** | |  | | | | | | |  | | Same as billing address |
|  | | | | **Address:** | |  | | | | | | | | | |
|  | | | | **City /State** | |  | | | | | | | | | |
|  | | | | **Phone:** | |  | | | | | | | | | |
|  | | | | **Email:** | |  | | | | | | | | | |