

# PARTS TESTING

PLEASE PRINT LEGIBLY

Ship to: LHR Technologies - Testing  
 4930 Allen Genoa Rd Ste D  
 Pasadena Texas 77504

Customer is responsible for proper packaging & insuring shipment.

Testing fee due unless (circle one) Paid Inv. # \_\_\_\_\_, CarversClub member or Under Warranty.

Customer Name: _____ Date Shipped: _____	
Street Address: _____	
City: _____	State: _____ Zip: _____
Phone: _____	E-Mail: _____
Part #1* Description: _____	Office Use Only
Machine Serial #: _____ Cut Motor Hours: _____	Date: _____ Tested by: _____
Under Warranty? Yes: _____ No: _____	Good: _____ Bad: _____
Reason for Testing: _____	Notes: _____
Part #2* Description: _____	Office Use Only
Machine Serial #: _____ Cut Motor Hours: _____	Date: _____ Tested by: _____
Under Warranty? Yes: _____ No: _____	Good: _____ Bad: _____
Reason for Testing: _____	Notes: _____
Part #3* Description: _____	Office Use Only
Machine Serial #: _____ Cut Motor Hours: _____	Date: _____ Tested by: _____
Under Warranty? Yes: _____ No: _____	Good: _____ Bad: _____
Reason for Testing: _____	Notes: _____
Office Use Only	
Received Date: _____	By: _____ Contacted Customer via: _____
Repaired Date: _____	By: _____ Testing Fee: _____
1st Attempt Date: _____	By: _____ Contacted Customer via: _____
2nd Attempt Date: _____	By: _____ Contacted Customer via: _____
3rd Attempt Date: _____	By: _____ Contacted Customer via: _____
Charge for Shipping: _____	CAF Required?: _____ Order #: _____
Additional Notes: _____	