



TOOL REPAIR REQUEST FORM

Please complete a separate form for each tool

Date: _____

Contact Name: _____

Distributor: **Freedom Fastener Inc.**

Company Name: _____

Address: _____

Phone Number: _____

Tool Description
or Part Number: _____

Serial Number: _____

Problem with Tool (please describe the problem with the tool):

IMPORTANT
TOOLS MUST BE
SHIPPED TO:
GESIPA Fasteners USA, Inc.
Attention: Tool Repair
126 Quality Drive
Mocksville, NC 27038

**THIS FORM MUST
ACCOMPANY ALL TOOLS
SENT IN FOR REPAIR.**
Use a separate form for
each tool.

Freedom Fastener Warehouse
1084 Industrial Drive #6
Bensenville, IL 60106
Phone: 877-477-3525
Fax: 866-662-2651
Email: mike@freedomfastener.com