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## MPR Repair Form

Account Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street/CityAddress: \_\_\_\_\_

Phone Number (Main & Direct): \_\_\_\_\_

Product # \_\_\_\_\_

Serial # \_\_\_\_\_

Problem: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Condition: (Please list any scratches, cracks, missing labels or dents in unit)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Warehouse Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Arrival Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Sales Rep: \_\_\_\_\_

Please fill out and fax back to us at 952.882.1389  
Thank You for letting MPR be of service to you.