Repair Form

Date _____

Company _____

Address _____

City _____ State _____ Zip code _____

Contact information

Phone _____

E-mail _____

Did you purchase item new from ColorMaker _____ NO _____ YES

Please give a description of the problem you are experiencing with the product. This will allow our technicians to target the testing procedure needed to make repairs. If you have more than one item being returned please use separate form for each item.

Serial Number _____

Is the problem intermittent ? ____NO ____YES

ColorMaker inc 980 Sunshine lane ste T Altamonte Florida 32714
(407) 862-3363 | ColorMaker.net