

PRINT OUT THIS FORM AND SEND IT ALONG WITH YOUR TORQUE TOOLS



RETURN TORQUE TOOL TO:

NAME _____
 COMPANY NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 PHONE _____ FAX _____
 E-MAIL ADDRESS _____

This Address is: Business Residential

WE SERVICE ALL MAKES, MODELS AND SIZES OF TORQUE TOOLS

SERIAL NUMBER	MAKE	MODEL	DESCRIPTION OF SERVICE NEEDED
NUMBER OF TOTAL TOOLS SENT IN			

DO NOT EXCEED: \$ _____

Enter highest amount you pre-approve for services, along with the payment information below. Leave blank if you prefer Team Torque Inc. to call with an estimate.

NOTE: Team Torque Inc. has a Minimum Bench Fee for all tools.

Method of Payment



- VISA® MasterCard Discover AmericanExpress
 Check Bill Your Company (Certain Restrictions Apply)
 Factory Warranty

CARD NUMBER

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

Expiration Date (Required) _____ / _____ Name as it Appears on Card _____

Billing Zip Code (Required) _____ Signature of Card Owner _____



THANK YOU FOR YOUR BUSINESS

CONTACT US ANYTIME

MONDAY - FRIDAY 7:00 AM - 6:00 PM (CST)

PHONE 888-682-8675

FAX 701-222-3731

EMAIL CustomerService@TeamTorque.com

SHIP TO

TEAM TORQUE INC.

1231 Park Avenue

BISMARCK, ND 58504

1-888-682-8675

Visit TeamTorque.com for More Information and Industry Expertise

Team Torque Inc. is Proud to provide our Customers with ISO:17025 Service

