

Date Shipped:

Please complete and submit this form with your Rebar Tier(s)

Company Name	Phone	Mobile
Contact Person	Email	
Return Shipping Address	City	State Zip

* Please fill out this section completely to ensure proper return of all your equipment

MAXIMUM 5 UNITS PER WORK ORDER FORM

* Feel free to describe any tool problems on the back of this form.

Model:	RB217	RB218	RB397	RB398	RB398S	RB401T-E	RB441T	RB517	RB518	RB611T	RB655
Unit Qty:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Charger Qty:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Battery Qty:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tool Case Qty:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

RUSH SERVICE REQUESTED

**Rush fees apply *Based on parts availability *Contact us for Rush Service lead times *Limit two (2) units per request
Rush service cannot be changed to Standard service after complete teardown of parts (see Checklist below, Step # 5)

Please do not write below this line - space reserved for RB Technicians only, Thank you	<input type="radio"/> Select if you are an Authorized MAX Distributor
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Model	Model	Model	Model	Model
S/N	S/N	S/N	S/N	S/N
WO#	WO#	WO#	WO#	WO#

CHECKLIST:

- 1 Notify customer upon arrival and project service lead time
- 2 360° visual inspection
- 3 Battery life inspection (limit 2 batteries per unit)
- 4 Preliminary tie test
- 5 Complete teardown of all parts
- 6 Visual inspection of all internal parts
- 7 Review updates according to MAX USA Service Bulletins
- 8 Retrieve tool history through circuit board test
- 9 Complete internal electronic diagnostic
- 10 Provide service estimate, await customer approval

Battery Life Report	
1	%
2	%
3	%
4	%
5	%
6	%
7	%
8	%
9	%
10	%

WO#	Date: _____	Time: _____
	*Amount: _____	Approved by: _____

**99.00 Diagnostic Fee per tool + Return Shipping applied to declined repairs (waived upon approval of service)*

- | | | | | |
|---|--|--|------------|----------------|
| <ol style="list-style-type: none"> 11 100% internal and external parts cleaning 12 Replace worn and/or damaged parts, install updates if applicable 13 Re-grease with new factory approved grease 14 Re-assemble and restore to MAX factory settings 15 Tie testing (minimum 30-40 ties) 16 Notify customer upon completion, arrange shipping | | | WO# | *Amount |
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Comments: _____

RB Technician: _____