



**Rebuilt to a Much Higher Standard**

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# Work Order

Please print this document, complete the following fields in full and be sure to ship your equipment with a copy of this Work Order to the address listed above:

Please check one or all that apply:

Repair  Estimate  Manufacture's Warranty  Preventative Maintenance/Inspection

**\*Please note:** Any Repairs that are deemed too expensive or obsolete will automatically be put on hold until you are advised. All equipment that is sent in for Repair and is worth Remanufacturing but has extensive damage or is pricey will automatically be Estimated and you will be notified of the exact cost for your approval prior to any work being started.

**Contact Information:** *(Please print as neatly as possible to prevent any delays)*

Name: \_\_\_\_\_ Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

ON sales tax exempt? \_\_\_\_\_ If so please send copy of your PST certificate (Ontario only).

**Equipment Information:**

Torch  Regulator  Flow Meter  Other (specify): \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model (if known): \_\_\_\_\_

Serial # (if known): \_\_\_\_\_ (Use additional paper if necessary for multiple items)

Problem(s) with equipment if known? \_\_\_\_\_

\_\_\_\_\_

Special instructions or requirements? \_\_\_\_\_

\_\_\_\_\_

*\*\*\*Please send us the same Torch tip that was being used at the time of breakdown or malfunction if possible.*