

Cable Evaluation Form

Customer Name Customer Number Zip Code

Contact Person Phone Fax E-mail

Sales Order/PO/Invoice

1) Part # Qty Warranty Replacement Yes No Repair

Findings/Reason:

2) Part # Qty Warranty Replacement Yes No Repair

Findings/Reason:

3) Part # Qty Warranty Replacement Yes No Repair

Findings/Reason:

4) Part # Qty Warranty Replacement Yes No Repair

Findings/Reason:

5) Part # Qty Warranty Replacement Yes No Repair

Findings/Reason:

6) Part # Qty Warranty Replacement Yes No Repair

Findings/Reason:

Comprehensive Technician: Date of evaluation:

Thank you for choosing Comprehensive. If you have any questions regarding this issue, please contact Alma at 800-526-0242 Ext. 1064