



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 TORQUE TESTERS & WRENCHES UP TO 2000 FT-LB

BRAND (S)	MODEL (S)	QUANTITY	DESCRIPTION OF SERVICE NEEDED
TOTAL TOOLS SENT IN:			

DO NOT EXCEED: \$ \_\_\_\_\_ *Enter highest amount you pre-approve for services, along with payment information below. Leave blank if you prefer us to call you with all estimates*

### Method of Payment



- VISA®     MasterCard     Discover     AMEX  
 Check     Bill Your Company (Certain restrictions apply\*)  
 Factory Warranty

**Card Number**

**Note: AMEX is only 15 digits**

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

Expiration Date (Required): \_\_\_\_\_ - \_\_\_\_\_ Name as it appears on the Card: \_\_\_\_\_

Security Code on Card \_\_\_\_\_ Signature of Card owner: \_\_\_\_\_

**\*CUSTOMER SERVICE PHONE: 1-701-223-4552 FAX: 1-701-222-3731**  
 HOURS: Mon. - Fri. 7:30 AM to 5:30 PM (CST) (Closed Sat. & Sun.)

**THANK YOU FOR YOUR BUSINESS!**  
**ALL TORQUE WRENCH BRANDS!**

**SHIP TO:**  
**TEAM TORQUE INC.**  
**1231 Park Avenue**  
**BISMARCK, ND 58504**  
**1-888-682-8675**