



Company Name _____

Point of Contact _____

Address _____

Phone Number _____

Email Address _____

Model Needing Repair _____

Please describe the problem with the machine:

Please print this form and include it with the tape machine.

Please allow 3 business days for assessment of your machine. We will contact you regarding what needs to be repaired and the estimated cost of the repair.

Send your unit(s) to MCM, Attn: Service Dept. 1785 Stout Dr, Unit G Warminster, PA 18974