



Submission No.

Request Date



Client Information

Date



Client Name

Contact Name

Function / Title

Address

City

State

Phone

Email

Support Location

Support location address is the same as the client address above

Support Location Address (if different)

Support Details

Type of Support Requested

Urgency

Equipment Involved

Check all equipment this support request applies to.

Dagger Disrupter

Lance Disrupter

Floating Breech (TM)

Twin Disrupter

Other (specify):

Description of Issue / Support Needed

"Save" prompts Acrobat's Save dialog where supported by your PDF viewer; "Send by Email" opens a new email addressed to shannon@wt-financial.com with the completed form attached.

Date



This form is a support request only and does not constitute a confirmed service commitment. Response times are subject to confirmation by WTF. Certain support requests may require additional information, on-site assessment, or eligibility verification depending on the equipment involved.

Please send the completed form by email to shannon@wt-financial.com