

SERVICE INFORMATION

PLEASE FILL OUT AND RETURN THIS FORM WITH THE EQUIPMENT TO BE REPAIRED

DATE _____

YOUR ACCOUNT NUMBER _____

COMPANY NAME _____

ADDRESS _____

CITY / STATE / ZIP CODE _____

CONTACT _____

PHONE NUMBER _____

FAX NUMBER _____

EMAIL ADDRESS _____

MODEL _____ SERIAL NUMBER _____

ACCESSORIES _____

REPEAT REPAIR SERVICE CONTRACT WARRANTY * OUT OF WARRANTY

PLEASE INCLUDE A COPY OF SALES INVOICE FOR WARRANTY REPAIRS

PURCHASE ORDER NUMBER _____ (out of warranty)

REPAIR COSTS APPROVED TO \$ _____ (out of warranty)

AUTHORIZED SIGNATURE _____ (out of warranty)

PROBLEM (PLEASE DESCRIBE FULLY. IF NECESSARY, USE THE BACK OF THIS FORM.)

PROBLEM TYPE: (check one)

INTERMITTENT GENERAL MAINTENANCE OVERHAUL CHECKOUT

Note: An original tape may be required to diagnose the problem with your unit.