



Company:	Model Number:
Contact Name:	Serial Number:
Return Address:	Reason for Repair:
City:	
State, Zip:	
Phone:	
Email:	
Purchase Order:	

Ideal Return Date:		
Today's Date:		
Method of Return (Check One):		
<input type="checkbox"/> UPS Ground	<input type="checkbox"/> 3 Day Select	<input type="checkbox"/> 2nd Day Air
<input type="checkbox"/> Next Day Air	<input type="checkbox"/> FedEx Express Saver	<input type="checkbox"/> 2 Day
<input type="checkbox"/> Standard Overnight	<input type="checkbox"/> Priority Overnight	
Method of Payment (Check One):		
<input type="checkbox"/> Company Check	<input type="checkbox"/> Personal Check	<input type="checkbox"/> COD
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Open Account On Approval	

Billing Address:
Credit Card Type:
Account Number:
Exp. Date/Verification Number:
Signature:

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