

Company: Contact Name:		Model Number: Serial Number: Reason for Repair:				
						Return Address:
City:						
State, Zip:						
Phone:						
Email:						
Purchase Ord	ler:					
	IMPORTANT! SEE TERMS OF SA	ALE BELOW, AI	ND INCLUDE THIS I	FORM WITH Y	OUR REPAIR!	
Ideal Return D	Date:					
Today's Date:						
Method of Ret	turn (Check One):		_			
UPS Ground 3 Day Se			elect	2nd Day	/ Air	
	Next Day Air	FedEx E	xpress Saver	2 Day		
	Standard Overnight	Priority (	Overnight			
Method of Pay	/ment (Check One):			1		
Company Check Personal			l Check			
	Credit Card	Open Ac	count On Approval			
Credit card inf	fo for convenience, not required.					
Billing Address						
Credit Card Ty	ype:					
Account Num	ber:					
Exp. Date/Ver	ification Number:					
Signature:						
	PARTS/LABC	OR (THE TECH	NICIAN WILL FILL T	THIS OUT)		
Qty	Item Code		Description		Unit Price	Total
	Labor					
4						

## TERMS OF SALE: Arrangements for payment must be made when you place your order. Orders on an open account will be accepted only with prior approval. Credit card orders can be arranged by phone, online, or with this form. Repair costs will vary, but are priced at \$95 per hour of labor (one hour minimum), plus cost of parts and materials, and return shipping. If requested, an estimate will be provided. If you specify a "need by" date, Dove Systems will assume that you are willing to pay for air service to have the merchandise delivered by that date. If not specified, the merchandise will be sent out ground shipping only unless otherwise noted. Shipments can only be made to street addresses, not a P.O. Box. Shipments in California are subject to sales tax.

Special Notes/Instructions