

RETURN FOR REPAIRS FORM

PLEASE FILL OUT AND INCLUDE IN THE BOX WITH THE ITEM TO BE REPAIRED.*

COMPANY NAME: _____

NAME: _____

SHIPPING ADDRESS:

BILLING ADDRESS (IF DIFFERENT):

CONTACT PHONE#: _____ **ALTERNATIVE#:** _____

BEST TIME TO CALL: _____

EMAIL ADDRESS: _____

REQUESTED TIME OF RETURN: _____

PLEASE DESCRIBE PROBLEM(S):