

REQUEST FOR REPAIR/MAINTENANCE SERVICE

NAME OF CO. REQUESTING SERVICE: _____

ROOM NO/LOCATION: _____

ADDRESS: _____

CITY//STATE/ZIP: _____

CONTACT NAME/PHONE # _____

TYPE OF EQUIPMENT: _____ MODEL NO: _____

SERIAL NO /WARRANTY INFO _____ YES NO

PLEASE EXPLAIN PROBLEMS _____

TYPE OF SERVICE REQUIRED: IN SHOP _____ ON-SITE _____

NEXT DAY _____ OTHER (2/3/4 DAYS) _____

PLEASE NOTE THAT SAME DAY SERVICE IS SUBJECT TO HIGHER RATES WHETHER ON-SITE OR IN-SHOP.

NAME OF PERSON REQUESTING SERVICE _____ DATE: _____

SHIPPING INSTRUCTIONS: _____

EQUIPMENT WILL BE SHIPPED VIA : _____

(NAME OF CARRIER/TRACKING NO.)

Equipment to be returned to you via UPS Ground Shipping only unless otherwise requested.

Please ensure that Insurance Coverage is adequate for re-imbusement in the event of any damages or loss incurred via shipping.

Special arrangements can be made to pick up equipment within 50 mile radius from this office.

Cancellation of Service without prior notification of Technician's arrival will be subject to charges.

Parts used for repairs carry a 90-day warranty. Warranty does not cover mis-use or abuse of parts or machinery.

QUESTIONS: SERVICE@ADVANCETECHSYSTEMS.COM