

## 107 West Third Street

## Factory Authorized Electronic Repair

(937) 547-0262 Phone (937) 548-4981 Fax

Please fill in all fields. Print this page and send it with your unit.

Last Name	First Name
Business Name	
Street Address	
Street address 2	
City	State Zip Code
E-mail address	
Home phone	Work phone Cell phone
	Unit Information
Brand Name	
Model	
Serial number	
Place of purchase	
Date of purchase	
City of purchase	
○ No Warranty	
C Extended Warranty	Policy number
○ Manufacturer's Warr	anty
Description of problem	
	II (937)547-0262 for charges. This fee will be applied to the repair of the unit. st of repair is declined the diagnostic fee is not refundable.
We accept Master C	ard, Visa, Discover and Personal Checks: Diagnostic fee \$
Credit card number	Expiration date
Name on card	3 or 4 digit CSV code on the back of card
	exceed preapproved amount, we will call you with an estimate. If you are called with a new estimate, your
Any equipment left mo	e within 5 days. A fee will be charged on each piece of equipment when you decide not to make repairs. Dre than 30 days will be charged a storage fee of \$.50 per day. Any equipment left more than 60 days will be d and disposed of without additional notice.
l agree to the above t	erms. Signed By Current Date