

REPAIR AUTHORIZATION FORM

Print two copies; include one in the package and keep one for your records.

Company (If Applicable)		Dealer Number:		
First Name:		Last Name:		
Address:				
City:	State/Provi	nce:	Zip Code:	
Phone:	Fax	C		
Email:				
Product Information				
Find a list of currently unsupport	orted products her	e: www.icoma	merica.com/unsupported-products	
Model (Name):	Serial N	Number:		
			ase include procedure for reproducing issu	
Accessories included (Microph	ones cables etc.)	Sarvica Cantar	is not responsible for accessories not listed.	
Accessories included (Micropi	ones cables, etc.)	Service Cemer I	is not responsible for accessories not listed.	
Proof of Purchase/Sales Rece	eipt Included?**		Warranty Status:	
☐ Yes ☐ No	•		☐ Warranty ☐ Out of warranty	
**Include a date stamped copy of	the Sales Receipt it			
Estimate Required? Yes	No OR F	Pre-Approved I	Repair Cost \$	
(Excludes applicable freight and tax	es).			
Credit Card Information - Num	ıber:		Exp:	

The service center will bill your card after the repair. Any amount incurred above the Pre-Approved amount will require an Estimate approval. Any fair estimate declined will result in a ½ hour labor fee charge being invoiced.

NOTE: Unless specified, all return shipments will be "NO Signature Required".