



Date _____

REPAIR AUTHORIZATION FORM

Company Name _____

Contact Name _____ Phone _____

Cell Phone _____ Email _____

Billing Address _____ Shipping Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Country _____ Country _____

ITEMS

Part # _____	Part # _____
Brand / Model _____	Brand / Model _____
Problem Description: _____	Problem Description: _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____ Price: _____	_____ Price: _____

Term and Conditions:

- 1) There will be an additional charge for any console requiring membrane, switches and/or overlays addition to the electronics
- 2) All assemblies will be assessed a charge of \$50.00 for the first hour of labor for testing/bench fees. This amount will be included in repair cost.
- 3) Non-standard repairs subject to additional parts and labor fees.
- 4) Rush Service available for an additional \$50.00. Parts must be received by 10:30 am for same day repair and return. If received after parts will ship following day.
- 5) Please add payment information and shipping instructions.
- 6) A 25% Restocking fee will be charged on returned parts.

I Agree to above terms

Customer Signature _____ Date _____

Payment - Credit Card C.O.D. Credit Card on file Other _____

Name on Card: _____

Billing Adress: _____

Visa MasterCard Amex Discover Card number _____
 _____ Month _____ Year _____ Sec