



Date Issued: _____

RAF # _____

REPAIR AUTHORIZATION FORM

Company Name _____

Contact Name _____ Phone _____

Fax _____ Email _____

Billing Address _____ Shipping Address _____

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

Country _____ Country _____

ITEMS

Part # _____

Part # _____

Brand / Model _____

Brand / Model _____

Problem Description: _____

Price: _____ Price: _____

Term and Conditions:

- 1) The Customer Service Department must be contacted before an RAF number can be issued.
- 2) RAF Number must be written on outside of each package.
- 3) A copy of this Form must accompany the product with RAF N^o. issued by J&R
- 4) There will be an additional charge for any console requiring membrane, switches and/or overlays addition to the electronics
- 5) Any assembly not found to be faulty will be assessed a charge of \$50.00 for testing/bench fee.
- 6) Non-standard repairs subject to additional parts and labor fees.
- 7) Expedite Fee \$50.00. Parts must be received by 10:30 am for same day repair and return. Please add payment information and shipping instructions.
- 8) 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 Address: _____ (required) Security Code #: _____

Visa Mastercard American Express Discover # _____

Expiration Date: _____ Month _____ Year _____ Sec _____

for J&R Use Only

Date Rcvd: _____ Date Repaired _____ Date Shipped _____

Tech _____

Tech Notes: _____

Out of Warranty In-Warranty Repair