

REPAIR ORDER FORM

RMA #		QUOTE DATE / /		EQUIP REC'D DATE / /	
NAME					
NAME OF COMPANY					
SHIPPING ADDRESS				PHONE #	FAX#
CITY	ST	ZIP CODE		EMAIL	
BILLING ADDRESS					

EQUIPMENT INFORMATION		
MODEL #		SERIAL #
DESCRIPTION OF PROBLEMS		
WARRANTY REPAIR?	Y	N

INSTRUCTIONS:

FAX COMPLETED FORM TO **415.380.9088**, OR EMAIL INFO@TLSELECTRONICS.COM FOR AN RMA#. REPAIRS RECEIVED W/O AN RMA# WILL NOT BE PROCESSED.

SHIP TO 320 RICARDO RD. MILL VALLEY, CA 94941

PACK EQUIPMENT SECURELY TO AVOID DAMAGE IN TRANSIT

IF WARRANTY REPAIR, INCLUDE COPY OF ORIGINAL INVOICE

COST INFORMATION:

A \$75 DIAGNOSTIC FEE WILL BE APPLIED TO EACH REPAIR. UPON APPROVAL OF REPAIRS, DIAGNOSTIC FEE WILL BE APPLIED TOWARD TOTAL COST. NO REPAIRS WILL BE MADE WITHOUT CUSTOMER APPROVAL.