

**REPAIR ORDER FORM**

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

EQUIPMENT INFORMATION		
<b>MODEL #</b>		<b>SERIAL #</b>
<b>DESCRIPTION OF PROBLEMS</b>		
<b>WARRANTY REPAIR?</b>	<b>Y</b>	<b>N</b>

**INSTRUCTIONS:**

FAX COMPLETED FORM TO **415.380.9088**, OR EMAIL [INFO@TLSELECTRONICS.COM](mailto: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 WAIVED. NO REPAIRS WILL BE MADE WITHOUT CUSTOMER APPROVAL.