REPAIR REQUEST FORM

SEND EQUIPMENT TO:
PLUMBERS CAMERA REPAIR LLC
2310 W BELL RD SUITE 1
PHOENIX AZ 85023

A) Your Return Address:

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Attention: _____

B) Your Billing Address: Same as Return Address: Y / N

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

C) Your Contact Information:

Contact Name: _____

Phone number: _____ Email: _____

Need Estimate: Y / N

D) Your Equipment Information:

Manufacturer(s): _____ Model(s): _____

Serial Number(s): _____

Included in box: Monitor ___ Reel ___ Battery ____ Other: _____

E) Please Explain Your Issue Below:

PLEASE SEND ENTIRE SYSTEM FOR REPAIR SO WE CAN FULLY EVALUATE & DIAGNOSE. PUT THIS DOCUMENT IN THE BOX W/ YOUR EQUIPMENT.