

## Scientific Data Systems Equipment Repair Form

### Customer Information

- Company Name:
- Contact Name:
- E-mail Address:  (E-mail address is required)
- Phone:

### Billing Address

- P O #:
- Street:
- City:
- State:
- Zip Code:

### Shipping Address (if different from Billing Address)

- Street:
- City:
- State:
- Zip Code:

### Equipment Information

1. Equipment:
2. Serial Number:
3. **Equipment Problem:** Please tell us the specific problem at the box below:

### Return Shipping Method

1.  Next Day UPS
2.  2nd Day UPS
3.  Ground UPS
4.  Will Pick Up
5. Other:  (Type in box for other method of shipping)

**Print out this form, fill in required fields, then attach this form with equipment you send in for us to repair.**