

REPAIR FORM

ATTN: Service & Maintenance Department

DATE:

Company name:

Department:

Contact:

Telephone:

E-mail:

Your reference:

Model:

Serial number:

Specifications / kind of defects:

- | | |
|---|---------------------------------------|
| <input type="radio"/> No transmission | <input type="radio"/> Power failure |
| <input type="radio"/> No receive | <input type="radio"/> Display failure |
| <input type="radio"/> Signal interference | <input type="radio"/> Housing damaged |
| <input type="radio"/> Otherwise, | |
| | |
| | |

I would like to receive a quotation in advance

If you have any questions or remarks please contact us at service@flash-services.com

RETURN TO:

ADDRESS:

DATE: