

ECHOMETER REPAIR PROCEDURE

PLEASE INCLUDE THE FOLLOWING INFORMATION WHEN SHIPPING YOUR EQUIPMENT TO ECHOMETER COMPANY FOR REPAIR. PLEASE NOTE THAT REPAIRS WILL BE EXPEDITED WHEN WE HAVE THIS INFORMATION.

COMPANY: \_\_\_\_\_

PERSON AUTHORIZING REPAIRS: \_\_\_\_\_

PHONE NO.: OFFICE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EQUIPMENT AND/OR ACCESSORIES YOU ARE SHIPPING TO ECHOMETER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RETURN SHIPPING ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*BILLING ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: \*IF REPAIRS ARE TO BE BILLED TO A COMPANY OTHER THAN YOURS, PLEASE INCLUDE THEIR BILLING ADDRESS AND A CONTACT NAME IN THIS SPACE.

PURCHASE ORDER NUMBER, CHARGE CODE, PAYKEY AND/OR ANY OTHER INFORMATION YOUR COMPANY REQUIRES FOR PAYMENT OF INVOICES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REPAIRED EQUIPMENT WILL BE RETURNED BY UPS/GROUND UNLESS CUSTOMER REQUESTS OTHER MODE OF SHIPMENT. \_\_\_\_\_

YOUR COMMENTS AND/OR INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MINIMUM LABOR CHARGE IS 1 HOUR.

WE APPRECIATE YOUR BUSINESS. COMPLETING THIS FORM WILL EXPEDITE THE REPAIR AND RETURN OF YOUR EQUIPMENT.

ECHOMETER COMPANY  
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