

# SERVICE REQUEST FORM

**Utilitronics**  
800-245-8850  
Fx 508-809-6249  
sales@utilitronics.com

Please provide us with all of your contact information:

Billing Address:

Company Name			
Street or PO Box			
City, State & Zip			
Contact Name			
Phone No./Email			

Would you like an estimate if repair exceeds - \$	Yes or No
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Shipping Address: If same as Billing Address, write "SAME"

Company Name			
Street			
City, State & Zip			
Contact Name			
Phone No./Email			

Should your unit **not** be under warranty, please choose from the following payment options:

Purchase Order No.			
Credit Card No.			
Name on Card		Exp. Date	Sec. Code

Model No.	Receiver Serial No.	Transmitter Serial No.

Accessories:

Problem Description:

Please ship to:

**UTILITRONICS**  
**ATTN: SERVICE DEPT.**  
**2 HIGH STREET**  
**PLAINVILLE, MA 02762**

CUT OUT AND TAPE TO BOX