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## Service/Repair Work Order

*(Please fill in as much detail as possible and send this sheet with your equipment)*

DATE: PO No. (OPTIONAL):

NAME: COMPANY:

PHONE: EMAIL:

SHIPPING ADDRESS:

BILLING ADDRESS:

BILLING PREFERENCE: Credit Card Check Other

EQUIPMENT MODEL: SERIAL NO(s):

PROBLEM DESCRIPTION/SERVICE REQUESTED:

EXPEDITE REPAIR? No Yes *\*Additional fee applies*

ADDITIONAL COMMENTS (OPTIONAL):

### Service Process

Your equipment will be examined by a trained service technician in the order it was received. Lead time varies depending on the current volume of incoming repairs. A technician will contact you to provide an *approximate* total cost of service including labor hours (standard rate: \$75/hr) and parts needed (shipping costs not included) before all work is completed. Once necessary approval is obtained remaining work will commence.

In the event that a repair quote is declined, or repair cost exceeds the cost of an equivalent replacement unit, the equipment will be returned as-is. Customer is responsible for return shipping expenses.

### Billing

**Credit Card:** Payment will be completed via phone immediately preceding shipment of your finished equipment. A receipt will be included with the equipment.

**Check:** Equipment will be shipped back with a final invoice to follow within one week. Default Net 30 payment schedule. Late payment fees may apply. Please contact us to set up alternate payment arrangements.

Signature: \_\_\_\_\_