

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: _____
EMAIL: _____

ALL EQUIPMENT AND/OR ACCESSORIES YOU ARE SHIPPING TO ECHOMETER (INCLUDE SERIAL NUMBERS):

SOFTWARE CURRENTLY BEING USED: (PLEASE INCLUDE RELEASE DATE OR VERSION)
TWM__ RELEASE DATE_____ TAM __ VERSION_____

REASON FOR SHIPMENT TO ECHOMETER: (CHECK ONE)

EQUIPMENT FUNCTIONALITY CHECK (TECHNICIAN WILL CONTACT YOU IF A PROBLEM IS FOUND.)

EQUIPMENT REPAIR:

PLEASE EXPLAIN EQUIPMENT REPAIR ISSUE: _____

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.

PLEASE LIST ANY ITEMS YOU WISH TO PURCHASE: _____

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. EQUIPMENT BROUGHT IN FOR REPAIR DURING A SEMINAR WILL BE SHIPPED IF REPAIRS ARE NOT COMPLETED BY THE END OF THE SEMINAR. _____

MINIMUM LABOR CHARGE IS 1 HOUR. WE APPRECIATE YOUR BUSINESS!

ECHOMETER COMPANY
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