



REPAIR / MAINTENANCE AUTHORIZATION

Name: _____ Agency Name: _____

Telephone: _____ Fax: _____

Email: _____ Attn. to: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____ Country: _____

-Is equipment under a purchased Extended Maintenance Contract? **Yes / No (Circle one)** Contract No: _____

-If yes indicate what method of payment for return freight: _____

Billing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Customer Purchase Order No.: _____

If paying by credit card (check one): Visa Master Card American Express

Card #: _____ Security #: _____ Expiration Date: _____

Name on the Card: _____

Qty. Equipment Serial # Problem (use additional sheet if necessary)

Qty.	Equipment	Serial #	Problem

(Check one that best applies)

I authorize Smith-Root, Inc. to repair the equipment listed up to \$750.00 in addition the cost for return freight. (If the actual cost is less than this amount the actual amount will be charged, If the repair will exceed this amount, SRI will call for further authorization)

I authorize Smith-Root, Inc. to charge a minimum of one-hour labor for a repair estimate (contact SRI for current labor rates)

I authorize Smith-Root to rush this repair. If the equipment needs to be serviced and shipped within one full business day an additional \$50.00 service charge will be added.

Authorization Signature: _____ Date: _____

Send Equipment to: 14014 NE Salmon Creek Ave
Vancouver WA 98686 USA
Phone: (360) 573-0202
Fax: (360) 573-2064