TELEX COMMUNICATIONS

BE HEARD

Repair Information Form

Item/Model No. **Serial No./Date Code**

Customer Name: **Customer # if Available**

Address:

City, State, Zip Code

Phone No.

Fax No.

E-Mail Address

Contact Name: if Different than Above

Billing Address if Different

Ship Address if Different from Above

Date of Purchase:

Purchased From:

Special info Frequency/System Component is out of:

Warranty Repair

Yes ☐ No ☐

Rush:

Yes ☐ No ☐

If Claiming Warranty Repair please provide Proof of Purchase.

Proof of Purchase will not be necessary if date code shows product to be in Warranty Period.

Special Return Shipping Instructions:

If you would like us to use your shipping account number please provide the following:

Shipping Account #

Shipper ☐ UPS ☐ Fed Ex ☐ Other

Repeat Repair Ticket No.

NOTE: If unit was recently in for repair please provide the previous repair ticket number.

Description of Problem:

Please List any Accessories Sent with this Product

Method of Payment

Visa ☐ **Master Charge** ☐ **American Express** ☐ **Check** ☐

Account No. _____ **Expiration Date** _____ **Name as it appears on Card** _____

Purchase Order #/Ref. #