

# SERVICE INFORMATION FORM

WHEN RETURNING EQUIPMENT FOR REPAIR, PLEASE FILL OUT THIS FORM AND RETURN ALONG WITH THE EQUIPMENT TO:

**Accusonics, Inc**  
**5401 Patton Drive, Unit 113**  
**Lisle, IL 60532**  
**PH: 630-769-1886**  
**FX: 630-769-1887**  
**service@accusonics.com**

*Please enter the following information as completely as possible. Complete information will help us to expedite the return of your unit. If the equipment is not covered by our warranty, a purchase order is required. Please attach or FAX the purchase order to Accusonics Service Department - Thank You.*

**Bill to:**

**Ship to:**

Company: _____	Company: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Attn: _____	Attn: _____
TEL: _____ FAX: _____	TEL: _____ FAX: _____
P.O. #: _____	E-Mail: _____
A/P Contact: _____	A/P E-Mail: _____

**Equipment Information:**

Model #: _____	Serial #: _____	Symptom: _____
Model #: _____	Serial #: _____	Symptom: _____
Model #: _____	Serial #: _____	Symptom: _____
Model #: _____	Serial #: _____	Symptom: _____

**Return Shipping Instructions: Please Check the Appropriate Box (UPS is Preferred)**

<input type="checkbox"/> UPS	<input type="checkbox"/> Ground	<input type="checkbox"/> 2 <sup>nd</sup> Day	<input type="checkbox"/> Overnight	<input type="checkbox"/> Sat Delivery
<input type="checkbox"/> FedEx	<input type="checkbox"/> Ground	<input type="checkbox"/> 2 <sup>nd</sup> Day	<input type="checkbox"/> Overnight	<input type="checkbox"/> Sat Delivery
<input type="checkbox"/> Other (Please describe): _____				
<input type="checkbox"/> Do you want these items insured when shipping back? Value: \$ _____				

**Special Instructions:**

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