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
sales@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.

Date: _____

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)

	(Account Number Below)			
UPS:	☐ Ground	☐ 2nd Day	☐ Overnight	☐ Sat Delivery
FedEx:	☐ Ground	☐ 2nd Day	☐ Overnight	☐ Sat Delivery
Other (Please describe):				
Do you want these items insured when shipping back? Value: $				

Special Instructions:

_____

_____

_____