

Service Request Form

Saul Mineroff Electronics, Inc. U.S.A.

Use this form when shipping your unit to us for service or estimates. Please complete the following steps.

- 1. Fill out the requested information and Print
- 2. Please give a detailed description of the problem in box below.
- 3. Select either in-Warranty or Out of Warranty Service. for faster Out of warranty Service pre-approve an amount for the repair not to exceed. If paying by credit card, you must include all credit card information requested below.

- 4. Box and return unit along with this service request form to:

Saul Mineroff Electronics, Inc.
Attn: Service department
574 Meacham Avenue
Elmont NY 11003

Name _____

Company _____

Address _____

City _____ ST _____ ZIP _____

Work Phone () _____

Cell Phone () _____

Email _____

FAX () _____

Please package your product carefully before shipping and insure your shipment for the appropriate replacement value. Where additional repairs are required beyond the pre-approved amount, an estimate will be provided and you will be notified of the repair cost for approval prior to any work being completed.

Should you have any further questions or wish to inquire about the status of your repair, please contact our service department Monday through Friday 8:15 AM to 5:00 PM EST at (516) 775-1370

Select One:

In-Warranty Service:

A copy of your purchase receipt indicating you purchased your unit new and are within the manufacturer's warranty period must be included.

Out of Warranty Repair Estimate Request.

Note: There is no charge for both federal and state agencies for a repair estimate

Manufacturer _____
Model# _____
Serial# _____
Detailed Description of the problem(s).

PRE-APPROVED METHOD OF PAYMENT

For Faster Out of Warranty Service Pre-approve a Repair Amount & Select Method of Payment Below .

- Pre-approved service up to \$ _____
- Credit Card
- Government Purchase Order #:

Where credit card is selected, please indicated Visa, MasterCard or American Express card number, expiration date, CCV

(3 or 4 digit security code on back or front of the card), and bill to name and address if different then noted above.

Credit Card # _____ Exp Date: _____ CCV _____

Bill To Name and Address
If different than ship to

I authorize Saul Mineroff Electronics Inc. to perform the requested work noted.

Signature _____

Date _____