



SERVICE & REPAIR AUTHORIZATION FORM

Fill out the form below and include it with your instrument.

Customer Information	
Company / Customer Name: _____	
Street Address: _____	Contact Name: _____
City: _____	Phone #: _____
State: _____	Fax #: _____
Zipcode: _____	Email: _____

Product Information	
Make: _____	Serial Number: _____
Model: _____	Warranty: Yes / No CPP: Yes / No
Problem Description: _____ _____ _____	

Service Information	
<input type="checkbox"/> Call with Estimate I request CSDS to contact me with a written repair estimate on my equipment. I understand there will be a 1/2hr – 1hr labor diagnostic fee for this estimate.	
<input type="checkbox"/> Service Pre-Approved I authorize CSDS to repair / calibrate my equipment with total Parts & Labor charges not to exceed \$_____. Freight and/or Taxes are extra. Please notify me if cost estimate exceeds this amount. Authorized by: _____ Date: _____	
Calibration Certificate Required (\$30.00): <input type="checkbox"/> Yes <input type="checkbox"/> No	P.O. Number: _____
Repair Charges to be billed to: <input type="checkbox"/> Account <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card: _____ Expiry Date: _____ CVV: _____	