



# REPAIR AUTHORIZATION FORM

*Print two copies; include one in the package and keep one for your records.*

**Company** (If Applicable) \_\_\_\_\_ Dealer Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Ship To Address** (If above address is different.) *NOTE: We are unable to ship to PO boxes, except for Military APO's.*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Product Information

Model (Name): \_\_\_\_\_ Serial Number: \_\_\_\_\_

Reason for submission/symptoms/problem. If necessary, please include procedure for reproducing issue.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accessories included\* (Microphones cables, etc.) *\*Service Center is not responsible for accessories not listed.*

\_\_\_\_\_  
\_\_\_\_\_

Proof of Purchase/Sales Receipt Included? \*\*

Yes  No

Warranty Status:

Warranty  Out of warranty

*\*\*Include a date stamped copy of the Sales Receipt if unsure of warranty status.*

Estimate Required? Yes \_\_\_\_\_ No \_\_\_\_\_

OR

Pre-Approved Repair Cost. (Below this number, the service center will bill your card after the repair. Any number above this number will require an Estimate approval): \$ \_\_\_\_\_ (Excludes applicable freight and taxes).

*NOTE: Sorry, Icom can not accept personal checks.*

## Credit Card Information

 (For Pre Approval Payment)

Card Number: \_\_\_\_\_  Visa  MasterCard  American Express

Card Expiration Date: \_\_\_\_\_

Pre-Approved Cost Agreement Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*NOTE: Unless specified, all return shipments will be "Signature Required".*