Home Office

5642 Transportation Blvd Cleveland, OH 44125



Michigan Store 11701 Belden Court Livonia, MI 48150

REPAIR	R REQUEST FORM	DATE:	
<u>CUSTON</u>	MER INFORMATION		
CUSTOM	ER NAME:		
SHIP TO INFORMATION (Where do we ship back)			
ADDRESS	S:		
P.O. BOX	:		
CITY, STA	ATE, ZIP:		
CUSTOM	ER CONTACT FOR REPAIRS &	& APPROVALS:	
PHONE N	UMBER	PHONE EXT:	
CELL NUI	MBER:		
E-MAIL:			
PRE-AP	PROVAL		
	authorized to perform the repai e the repair process?)	rs before a formal purchase order is provided	
□ YES	APPROVED BY (if different from	m above):	
	DISAPPROVED BY (if different from above):		

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COMPONENT INFORMATION
EQUIPMENT NAME (EXAMPLE: PAN & TILT CAMERA):
SERIAL NUMBER:
WARRANTY STATUS
☐ IN WARRANTY ☐ OUT OF WARRANTY
PART NUMBER OF THE COMPONENT (IF APPLICABLE)
REASON(S) FOR SERVICE (PLEASE BE DETAILED)

PLEASE SHIP ALL REPAIRS TO:

MTech ATTN: Repairs 5642 Transportation Blvd Garfield Heights, OH 44125