



Repair Order Form

Date: _____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____

Radio Detail

Model: _____ Serial Number: _____

Accessories included with Radio

Original Packaging : Y / N _____

Antenna Battery Belt Clip cable

Instruction Manual Microphone other _____

Condition of Radio 1 (Poor) —————> 10 (Brand New) _____

(Any warranty service work to be carried out must be accompanied with a valid copy of sales receipt)

Description of Problem:

Payment Method

Visa, MasterCard: _____

Card Number: _____

Expiration Date: _____

Name on Card: _____

Special Shipping Instructions:

Please include any previous work orders, if possible