

Icom Canada Repair Return Form

Name: _____

E-Mail: _____

Address: _____

Call Sign: _____

City: _____

Phone # (daytime): _____

Province: _____

Postal Code : _____

Radio Model: _____

Fax #: _____

Serial #: _____

Estimate Required Yes / No *

Date of Purchase: _____ - _____ - _____

Copy of Sales receipt Included Yes / No *

* (Please circle if required / included)

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

Detailed Description of Problem:

Payment method:

Visa, MasterCard _____

Special Shipping Instructions:

Card Number : _____

Expiration Date: _____

Name on Card: _____

Please include any previous work orders, if possible.