**Scientific Data Systems Equipment Repair Form**

### Customer Information
- Company Name: 
- Contact Name: 
- E-mail Address: 
  - (E-mail address is required)
- Phone: 

### Billing Address
- P O #: 
- Street: 
- City: 
- State: 
- Zip Code: 

### Shipping Address (if different from Billing Address)
- Street: 
- City: 
- State: 
- Zip Code: 

### Equipment Information
1. Equipment: 
2. Serial Number: 
3. **Equipment Problem:** Please tell us the specific problem at the box below:  

### Return Shipping Method
1. [ ] Next Day UPS
2. [ ] 2nd Day UPS
3. [ ] Ground UPS
4. [ ] Will Pick Up
5. Other: 
   - (Type in box for other method of shipping)

Print out this form, fill in required fields, then attach this form with equipment you send in for us to repair.