



Please complete the form below, keep a copy for yourself, fix a copy to the side of the controller unit before packaging for shipping and fax a copy back to LANgrafix F:847.760.9281

CONTROLLER REPAIR AND SHIPPING FORM

DATE: _____

CUSTOMER INFORMATION: (NOTICE: For Credit Card Purchases this information must reflect the exact billing address info or transaction will fail)

Company Name: _____
Contact Name: _____
Mailing Address: _____
City & Country: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____
Email Address: _____ Web Site: _____

SHIPPING INFORMATION

[] SAME AS ABOVE

Company Name: _____
Contact Name: _____
Mailing Address: _____
City: _____ St: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____
Shipping Company: _____ Phone: _____
Type of Shipment Requested (example - Next Day, 2nd Day, Ground): _____

PAYMENT OPTIONS:

[] Paypal [] Wire Transfer [] Mailing a check [] Credit Card

Date Shipped: _____ Controller Brand & Model: _____ Copier Brand & Model: _____

REQUIRED INFORMATION

Detailed Description of Controller Problem: _____

Charge Credit Card #: _____ Name on cc: _____
Credit Card Type (VISA OR MasterCard -- NO AMERICAN EXPRESS): _____ Expiration on cc: _____
Security Code on the back of card near signature: _____ Zip Code for Credit Card Billing Address: _____

[] I HEREBY AGREE THAT THE ABOVE INFORMATION IS CORRECT & AUTHORIZE THIS PURCHASE
[] I HEREBY AUTHORIZE THE USE OF MY CREDIT CARD

BY: X _____ (IF CC TRANSACTION, SIGNATURE MUST MATCH CARD)
SIGNATURE
PRINTED NAME _____ DATE _____
COMPANY NAME: _____ TITLE _____