

**REPAIR AUTHORIZATION FORM**Company Name Contact Name  Phone Fax  Email Bill To Address  Ship To Address City  State  Zip  City  State  Zip Part # **ITEM**Brand / Model Problem Description: **Secured the item, pack and ship to:**

Contact West  
 7735 W Rascher Av.  
 Chicago, IL 60656

email: henry@contactw.com

**Terms and Conditions:**

1. A copy of this Form must accompany the product with PO Number.
2. Same Day Repair / Ship Service available

Date Rcvd: \_\_\_\_\_ Date Repaired \_\_\_\_\_ Date Shipped \_\_\_\_\_

Tech \_\_\_\_\_

Tech Notes: \_\_\_\_\_

Out of Warranty In- Warranty Repair