



9-3871 North Fraser Way  
Burnaby, BC, V5J 5G6  
Canada

# SERVICE REPAIR ORDER FORM

SRO# \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

Billing Customer		Shipping Customer	
Name:	_____	Name:	_____
Company:	_____	Company:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____
Phone:	_____	Phone:	_____
Email:	_____	Email:	_____

UNIT TYPE: \_\_\_\_\_ PART # \_\_\_\_\_

SERIAL # \_\_\_\_\_

**SYMPTOMS:**

**REPAIR (Office use only):**

This SRO form must be sent with the faulty unit. You are responsible for all return shipping costs including Duties and Taxes. If this is not done it will be charged back to you and may delay the return of your unit.

LABOUR HOURS _____	PARTS COST _____
SHIP COMPANY _____	LABOUR COST _____
SHIP ACCOUNT# _____	TAX _____
SHIP SPEED _____	BROKER FEES _____
WARRANTY <input type="checkbox"/>	SHIPPING _____
NON-WARRANTY <input type="checkbox"/>	TOTAL _____

DATE REPAIRED: \_\_\_\_\_ Authorization: \_\_\_\_\_