



Service Request Form

Use this form when shipping your unit to us for service or estimates. Please complete the following steps:

- 1. Fill out the requested information below and print.
- 2. Please give a detailed description of the problem in box below.
- 3. Select either In-Warranty Service or Out of Warranty Service.
For faster Out of Warranty Service pre-approve an amount for the repair not to exceed. If paying by credit card, you must include all credit card information requested below.

- 4. Box and return your unit along with this service request form to:

Superscope
 Attn: Service Department
 1508 S. Batavia Ave.
 Geneva, IL 60134

Name _____
 Address _____

 City _____ ST _____ Zip _____

Phone _____
 Cell _____
 Email _____

Please package your product carefully before shipping and insure your shipment for the appropriate replacement value. Where additional repairs are required beyond the pre-approved service amount, an estimate will be provided and you will be notified of the repair cost for approval prior to any work being completed.

Should you have further questions or wish to inquire about the status of your repair, please contact our service department Monday through Friday, 8:15 – 4:45 CST at (800)374-4118 ext 396.

Select One:

- In-Warranty Service
A copy of your purchase receipt indicating you purchased your unit new and are within the manufacturer's warranty period must be included.
- Out of Warranty Repair Estimate Request.
Note: There is a \$50 Charge on refused estimates for all Out of Warranty products except monitors & projectors. There is a \$50 Charge plus return freight & insurance on refused estimates of Projectors and Monitors.

Model # _____
 Serial # _____
 Detailed Description of the problem(s).

OPTIONAL PRE-APPROVED METHOD OF PAYMENT

For Faster Out of Warranty Service Pre-approve a Repair Amount & Select Method of Payment Below.

- Pre-approved service repair up to \$ _____
- Credit Card
- Check/
Money Order

Where credit card is selected, please include the Visa, MasterCard, American Express or Discover card number, expiration date, CCV (3 or 4 digit security code on back or front of the card), and bill to name and address if different then noted above. Where check or money order is selected, please include the check or money order for the amount of the pre-approved repair with unit.

Credit Card # _____ Exp Date _____ CCV _____

Bill To Name and Address _____
 If different than ship to _____

I authorize Superscope to perform the requested work noted.

Signature _____ Date _____