

Date: _____

Your Reference No. _____

REPAIR FORM

CUSTOMER INFORMATION

UR Acct No. _____

Name _____

Address _____

Address _____

City, State, Zip _____

Contact Name _____

Phone _____

Email _____

SHIP TO:

*Note: All residential shipments will be sent
SIGNATURE REQUIRED.*

Same as Bill To

Ship To: *(If different than bill to.)*

UNIT INFORMATION

WARRANTY INFORMATION

Model No. _____

Serial No. _____

Password: _____

Out of Warranty** - *You may wish to Pre-Approve this item up to \$* _____

Manufacturer's Parts & Labor Warranty - *Include Bill of Sale*

United Radio Guarantee

***Our normal rates and turn-around times apply for all non-warranty radios, \$120.00 plus parts and return shipping.*

***Upon evaluation, we will contact you with an estimate.*

***All Declined Estimates and No Trouble Found evaluations have a base fee of \$35.00 plus shipping.*

***All Beyond Economical Repair evaluations have a base fee of \$25.00 plus shipping.*

SYMPTOM

No/Low Power

Constant Tone

Secure

No Trunking

Blows Fuse

No Transmit

No/Low Audio

Cannot Read/Program

Fail Code: _____

No Receive

Dead

No Squelch

No PL/DPL

Other/Specific Details:

ACCESSORIES

Do not send accessories unless related to the problem with the equipment.

Antenna

Case

Battery

Headset

Mic

Charger

Clip

Radio

Control Head

Other: _____