

Please complete & return with defective unit

CONTACT INFORMATION

PAYMENT INFORMATION

RETURN SHIPPING METHOD

Your account number:	Please check payment method	<input type="checkbox"/> Next Day AM (call for price)
Phone Number:	<input type="checkbox"/> Call for credit card #	<input type="checkbox"/> Next Day anytime (call for price)
Company Name:	<input type="checkbox"/> Credit card on file	<input type="checkbox"/> Second Day (call for price, no charge on clusters)
Address:	<input type="checkbox"/> COD (add. charge applies)	<input type="checkbox"/> Regular Ground (no add. charge)
Ship to Address:	<input type="checkbox"/> Check included	REPAIR QUOTE
Dealer contact name:	<input type="checkbox"/> Bill our account	<input type="checkbox"/> Repair at quoted rate of \$ _____ *
Your customer's name:		<input type="checkbox"/> Call with estimate
Your reference #: <input type="checkbox"/> RO <input type="checkbox"/> PO		<input type="checkbox"/> Email @: *A UR rep will contact you if blank.

DEFECT INFORMATION – TROUBLE IS IN:

AM FM CD Nav Amp Other (describe) _____

DEFECT (Please describe in detail)

Anti Theft Code:

Media included? Yes / No (If yes, describe on reverse) United Radio is not responsible for media.