

Please complete & return with defective unit

CONTACT INFORMATION

PAYMENT INFORMATION

RETURN SHIPPING METHOD

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