

ATUS SERVICE FORM

PLEASE FILL OUT FORM COMPLETELY AND RETURN WITH YOUR REPAIR.

RETURN SHIPPING NAME AND ADDRESS:

Please Note: ATUS will not ship product to P.O. Boxes

ATUS Dealer Account Number (if applicable): _____

Return Shipping Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Telephone (daytime): (____) _____ Other Telephone: (____) _____

Fax: (____) _____ E-Mail: _____

Special Return Shipping Instructions: _____

PRODUCT INFORMATION:

Product Model Number / Serial Number (if applicable): _____

Is the Product under warranty? No Yes

IF YES, PROVIDE A SALES SLIP OR OTHER PROOF OF PURCHASE DATE TO VALIDATE WARRANTY.

ALL REPAIRS WITHOUT PROOF OF PURCHASE ARE CONSIDERED OUT-OF-WARRANTY AND WILL BE CHARGED.

Please provide a detailed description of the problem and any special instructions:

US Postal ZIP Codes where wireless products are used (if applicable): _____

CREDIT CARD PAYMENT INFORMATION (NON-WARRANTY REPAIR ONLY):

Method of Payment: Visa MasterCard Discover

American Express C.O.D.

Card Number: _____

Expiration Date: _____ Security Code: _____

Name As It Appears On Card: _____

Credit Card Billing Address (if different from above): _____



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