



VIVAX

METROTECH

*Service Center
Request*

3251 Olcott St. Santa Clara, CA. 95054
 Phone: 800-638-7682 Fax: 408-734-1799

Billing Address

Company Name: _____
 Street or P.O. Box: _____
 City: _____ State: _____ Zip: _____
 Contact Name: _____
 Phone: _____
 Fax: _____ Email: _____

IF REPAIR COST EXCEEDS \$350, WILL YOU REQUIRE AN ESTIMATE? NO ESTIMATES WILL BE PROVIDED FOR REPAIR COSTS LESS THAN \$350 PER UNIT UNLESS NOTED. YES NO

Shipping Address (if same as billing, write "SAME")

Company Name: _____
 Street or P.O. Box: _____
 City: _____ State: _____ Zip: _____
 Contact Name: _____
 Phone: _____
 Fax: _____ Email: _____

Should your unit NOT be under warranty, please choose from the following payment options below:

Your Purchase Order Number: _____
 Return Ship to you C.O.D.? Yes No
 Credit Card: VISA Mastercard American Express
 Card Number: _____ Exp.Date: _____

Model: _____ **Transmitter Serial#** _____ **Receiver Serial#** _____

Reel Serial # _____ **Camera Serial#** _____ **Control Module Serial#** _____

List Problems/Comments Concerning The Unit

Place this sheet inside the case or box with the unit
NOTE: THERE WILL BE A \$100.00 CHARGE FOR ANY UNIT BEING RETURNED UNREPAIRED.