

Audio Rehab Repair Form (Packing Slip)

Please include this completed form in the box with your repair and a non-refundable deposit of \$150.00. Ship your repair to: Audio Rehab, Inc., 6008 San Fernando Rd., Glendale, CA 91202.

Select form of payment:

• Check: Make check payable to Audio Rehab, Inc.

number and include the declared value:

Shipping Account Type

- Credit Card: Fill out the credit card authorization form on our website and include both forms in the box.
- Warranty: If your unit is under warranty place a copy of your sales receipt in the box with this form. Do not include a deposit.

, ,	will send you an invoice for the deposit and payment can be sent the invoice number on the PayPal notes.
Your Name	
Your Address	
City, State, Zip	
Your Email	Your Phone
Brand/Model	
Serial No.	
Symptoms you are experiencing	
Condition of Unit (e.g., any scratches,	missing parts, dents, etc.):
Check this box for RUSH SERVICE: \$225.00). Troubleshooting will begin w	There will be a \$75.00 fee in addition to the \$150.00 deposit (total of vithin 24 hours of receiving the unit.
SHIPPING REQUIREMENTS:	
	e a sturdy box with bubble wrap or padded foam. DO NOT use styrofoam, packing surcharge will be applied to any box containing this material).

Declared Value (ex: \$500, \$1000, etc.)

If you have a FedEx or UPS account, please select which one you would like us to use along with the account

Shipping Account Number