

Digatron LLC, Repair Form

Please print, complete, and send this form with your unit. We recommend keeping a copy of this form for your records.
****Please send in your leads with your instrument. They can often be the problem.****

Name _____

Street Address _____

City _____ State/Province _____

Zip/Postal code _____ Country _____

Day Phone () _____ Eve. Phone () _____

E-mail _____

Please list model number(s) (found on back of instrument) and serial number(s):

Model #: _____ Serial #: _____

Model #: _____ Serial #: _____

Please fully describe the problem you are having with your instrument and / or the work you would like done to your instrument. If you would like to speak to a technician prior to sending your instrument in please call the number at the bottom of the page.

Per our policy, we will call you if the charges will be over \$75.00 per instrument before repairs are made.

Payment: Please include your credit card information below or we will call you for it.

VISA MasterCard Discover

Card Number: _____ / _____ / _____ / _____

Exp Date: ____ / ____ Security Code: _____ (3 digit code on the back of the card)

Cardholder Name _____

Address/Zip Code where credit card bill is received:

Please send a copy of this form and your repair to:

Digatron LLC
120 North Wall St., Suite 300
Spokane, WA 99201
(509) 467-3128