

## 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 \$100.00 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 CC billing is received: \_\_\_\_\_

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

**Digatron LLC**

**601 W Maxwell Ave., Suite 2**

**Spokane, WA 99201 (509) 467-3128**