

Contact Information

Department Name: _____

Address: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Email: _____

Phone Number: _____ Fax Number: _____

McLaggan Communications & Radar Services, Inc.'s policy is to repair, invoice and ship all jobs that are under \$150 without prior estimates. Declined repairs are subject to minimum evaluation and shipping fees.

If you would prefer us to contact you prior to performing the repair, please check the box below.

Require estimate and get approval prior to repair.

Please enter the PO number or enter "none" and check the box below verify that you do not need one prior to submission of this repair.

PO: _____ Our department does not require purchase orders.

Product Information

Please fill in the following to let us know about the item you will be shipping to us.

Manufacturer: _____

Model: _____

Serial Number: _____

Unit under warranty? Yes No Unsure

Description of the problem: _____

Shipping information: Please state everything you are including with the unit. _____

Billing information if different from contact information

Address: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Email: _____