

# CSR FORM

(Customer Service Request)

## INSTRUCTIONS:

- All fields on both pages are required, please be sure to complete the entire form. Partially completed forms will be returned for more information.
- The **CSR Number** must be indicated on any paperwork and **visible on the outside** of the shipping box.
- Log copies for install and removal date are required for warranty consideration.**
- Please send unit to:

LAMAR  
TECHNOLOGIES  
14900 40<sup>th</sup> Ave. N.E.  
Marysville, WA 98271

Warranty Consideration

Test/Repair

Please E-mail completed form to: [admin@lamartech.com](mailto:admin@lamartech.com) to obtain your CSR#

CSR #

Flat Rate Repair Cost:

 \$

<b>Company Name:</b>					
<b>Contact:</b>		<b>Phone No.:</b>		<b>Fax No.:</b>	
<b>Address:</b>		<b>City:</b>		<b>State/Zip:</b>	
<b>E-mail:</b>		<b>Total Time on Unit:</b>		<b>Failure or Removal Date:</b>	
<b>Serial No.:</b>		<b>Install Date:</b>		<b>Part No.:</b>	
<b>Aircraft Make:</b>		<b>Model:</b>		<b>Engine:</b>	
<b>Reason For Return:</b> (Please describe in detail any and all problems encountered with the unit)					

Notify Before Repair or Replace

Repair/Replace without notification

**Minimum testing fee of \$100.00 required for all non-warranty units.**  
(This fee is included in the flat rate cost when quoted for a repair)

PLEASE CHECK THIS BOX TO ACKNOWLEDGE AGREEMENT TO PAY TEST FEE.

PO# for Repair:

If Beyond Economical Repair (please check one):  Scrap at Lamar  Return to me

### PAYMENT AUTHORIZATION (only required if unit is non-warranty)

<b>Name (as it appears on the card):</b>	<b>Credit Card Number:</b>	<b>Expire date:</b>	<b>Security Code:</b>

Customer Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Return Shipping Information

### INSTRUCTIONS:

- **ALL** fields are required, please be sure to complete the entire form to ensure proper shipment of product.

RETURN SHIPPING ADDRESS:			
Address:		City:	
		State/Zip:	

Attention:	
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SHIPPING SCHEDULE:			
<input type="checkbox"/>	AOG (24 hours)	<input type="checkbox"/>	Urgent (72 hours)
<input type="checkbox"/>		<input type="checkbox"/>	Standard (2 weeks)

PLEASE SHIP VIA:				
<input type="checkbox"/> <b>UPS</b>	<input type="checkbox"/> Red	<input type="checkbox"/> Blue	<input type="checkbox"/> Orange	<input type="checkbox"/> Ground

<input type="checkbox"/> <b>FEDEX</b>	<input type="checkbox"/> Air	<input type="checkbox"/> Saver	<input type="checkbox"/> Ground
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OTHER (PLEASE SPECIFY):	
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ACCOUNT INFORMATION:	
Prepay & Charge to credit card listed on CSR form:	<input type="checkbox"/> Yes <input type="checkbox"/> No

OR

Charge shipping to Account Number:
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Would you like your shipment insured: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Insure Value: \$
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Customer Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_