Instructions

This document is a PDF form. It uses the Adobe Reader like other PDF documents but it is interactive like a web page. It has text entry areas that can be typed in and drop down boxes that allow you to make selections where appropriate. This should make data entry quick and easy.

1)   Complete the form on the next page with the requested information.
2)   Print both pages.
3)   Place the service request form (page 2) inside the box with the item(s) for service.
4)   Fold this page and apply it to the outside of the box with the address clearly visible.

Adobe Reader may generate a message indicating that data will not be saved. Disregard this message. The form will be printed so there is no need to save the data. Adobe Reader may also generage a message offering to enable an "auto-complete" feature. Use of this feature is entirely optional.

Notes

When sending an RFC-1 for service, we recommend sending both the RFC-1/B control unit and the associated RP-8 relay panel(s) unless you know for certain that the parts you hold back are not damaged. It is not necessary to fill out seperate tickets for each part of the system--a single ticket for the RFC-1 will suffice. *Keep your power supply, ribbon cable, telephone cables and other wiring, external relays, etc.*

Contact information will not be kept on file after work is complete. *We will NOT sell this data for marketing and we DO NOT send spam.*

We thoroughly test and repair each item, however, sometimes a device shows no sign of failure on our bench. It is helpful to know what symptoms you observed in the field. While possibly accurate, the description "doesn't work" is not really helpful.

fold here — fold here

Return Address

_____

_____

_____

_____

_____

To: Sine Systems, Inc.
Attn: Service Dept.
4835 N ST. Road
Marcellus, NY 13108

Equipment for Service

The Special Instructions area below can be used if more than 3 parts are sent for service.

Model: _____ Serial #: _____

Model: _____ Serial #: _____

Model: _____ Serial #: _____

Contact Information

Complete the areas below for any methods we may use to contact you.

Name: _____ Email: _____

Phone #: _____ Fax #: _____

Return Shipping Address

Sine Systems will ship the repaired equipment back to this address.

Company: _____

Attention: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ Residential address: _____

Return Shipping Carrier

Actual shipping rates determined by the carrier will be applied to the service total. Saturday delivery is limited to carrier delivery areas.

Carrier / Shipping method: _____ Saturday delivery: _____

Bill to customer shipping account :   no   yes   Account #: _____

Payment Information

The credit card CVC2, CVV2 or CID security code *must* be provided. This is required by the credit card processing service.

Please call me for credit card information (this may delay processing): _____

Payment method: _____ Card number: _____

Cardholder name: _____ Security Code: _____ Expiration date: _____

Billing address   same as shipping   Billing Phone #: _____

Company: _____

Attention: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Description of Symptoms

Special Instructions/Requests

We will try to accomodate special requests within reason--*individual stations cannot be billed.*