



REPAIR AUTHORIZATION FORM

Print two copies; include one in the package and keep one for your records.

Company (If Applicable) _____ Dealer Number: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Product Information

Find a list of currently unsupported products here: www.icomamerica.com/unsupported-products

Model (Name): _____ Serial Number: _____

Reason for submission/symptoms/problem. If necessary, please include procedure for reproducing issue.

*Accessories included (Microphones cables, etc.) **Service Center is not responsible for accessories not listed.***

Proof of Purchase/Sales Receipt Included? **

Yes No

Warranty Status:

Warranty Out of warranty

****Include a date stamped copy of the Sales Receipt if unsure of warranty status.**

Estimate Required? Yes _____ No _____ OR Pre-Approved Repair Cost \$ _____

(Excludes applicable freight and taxes).

Credit Card Information - Number: _____ Exp: _____

The service center will bill your card after the repair. Any amount incurred above the Pre-Approved amount will require an Estimate approval.

NOTE: Unless specified, all return shipments will be "NO Signature Required".