

This form MUST be completed and enclosed with instrument to be serviced.

<u>Not</u>	e: Please ship items in the	eir original shipping	container.
Contact information:	Customer Number	(conta	act Customer Service)
Name		_ Phone: ())
Fax: ()	Email:		
Bill to Address:		Ship to Addres	s:
Instrument Serial Numb	oer:	_	
Detailed Description of	Problem:		
 <u>Note</u>: An evaluation fee of apply to estimates I Authorize Repair 	which are <u>not</u> repaired.	ruments or \$79.00 f 250 \$500	for IR evidential instruments wi
Name (Please Print)	Title	e	CMI, Inc.
			Attn: Service Dept.
Signature	Dat	-	316 East Ninth Street Owensboro, KY 42303
-	nate before repairs are ma nay cause delays in servic		ill be faxed <u>before</u> performing