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Bars Data Services

We Sell And Repair Barcode Equipments

REPAIR RETURN FORM

CUSTOMER DETAILS

Customer Name	Contact Name	Email	
Billing Address (If different from shipping address)		Shipping Address	
Customer Reference	Date	Phone	Fax

<u>MFG</u>	<u>MODEL</u>	<u>SERIAL #</u>	<u>ESTIMATE Y / N?</u>	<u>DESCRIPTION OF PROBLEM</u>

If your company requires a purchase order number for billing purposes, please provide below:

P. O. # _____

We will ship back equipment to you the same way it is shipped to us unless otherwise noted.

Additional Comments/Special Handling Instructions:

Please provide the following information so that we may accurately ship your equipment. You can download this packing list form at our Service Website. Thank you.