



Vectors Inc. Service Center

10670 East Bethany Drive, Building 4

Aurora, CO 80014

Phone: 303.283.0343

EQUIPMENT REPAIR FORM

Failure to complete form may delay repair of equipment.

Customer Name:	Date:
Phone Number:	Email Address:
Company Name:	PO Number:
Return Shipping Address:	

Type of Equipment	Serial Number	Warranty Current?	Has Your Data Been Backed -up?	Want Software Update?	Problem Description
		Yes No	Yes No	Yes No	
		Yes No	Yes No	Yes No	
		Yes No	Yes No	Yes No	

Note: there is a minimum \$125 charge per unit for diagnostics and estimates.	
Clean and calibration certificate? (extra \$115 charge)	YES NO

Release and Indemnity Policy (by typing my signature below, I agree to the following):

I authorize Vectors, Inc. technician(s) to perform work on my equipment. I agree to release, indemnify, and hold harmless Vectors, Inc. from liability for any claims or damages of any kind or description that may arise from any work performed on my equipment. I understand that Vectors, Inc. is not responsible for any data loss, which may occur as a result of work done on my equipment.

_____ I certify that I am the expressed owner or represent the owner of the equipment described in this document. In the event that I am found not to be the true expressed owner of this equipment, I assume all liability for any claim made as the result of the service(s) rendered by Vectors, Inc.

_____ I understand that Vectors, Inc. offers no verbal or written warranty, other than the manufacturer warranty, either expressed or implied, regarding the success of this service.

_____ I expressly waive all claims against Vectors, Inc. for any damages to this equipment or data that are incidental to the service(s) rendered by Vectors, Inc.

Customer Signature: _____ Date: _____