

Service Request Form

Invoice address

Company name

Address 1

Address 2

City / State / Zip

Country

Shipping address

Company name

Address 1

Address 2

City / State / Zip

Country

Contact person

Email address

Telephone number (including area code)

RMA Number (please call for this)

Unit model

Unit Serial Number

Detailed explanation of fault

Backup required?* YES NO

MaxCare
SERVICE PLAN

Silver Gold Platinum

Premium No MaxCare Plan

Date of Purchase (DD/MM/YYYY)

Accessories included

Payment details

Visa Mastercard AMEX

Card number

Expiry date Security code

Signature

Date

Name

Position

Warranty repairs: no charge for parts and labor.
An estimate will be provided for out of warranty repairs or for damages not covered under warranty (see terms of warranty agreement).
If estimate is declined there will be a minimum service charge of \$100.
Return shipping: Handheld pays for UPS ground. Faster shipping options are available if requested, but charges will be the customer's responsibility.
Warranty for Service performed is 90 days.

handheld

HHCS Handheld USA Inc.
456 SW Monroe Ave. Suite 106
Corvallis, OR 97333
Tel +541 752 0313 • Fax +541 752 0338
info@handheld-us.com
www.handheld-us.com