



REPAIR CHECK-IN FORM

Before bringing or shipping an item in for service, it is a good idea to call ahead to be sure it's an item we service. Please print and complete one copy of this form for each item being shipped or brought in for service. If you are shipping your item to us, be sure to pack it well and insure it for its replacement value. Feel free to give us a call or send an email if you have any questions regarding our repair policies.

612-789-2496 or email bill.L@emiaudio.com

Contact information

Name - First: \_\_\_\_\_ Last: \_\_\_\_\_
Organization: \_\_\_\_\_
Street Address: \_\_\_\_\_
Ship-to Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_
Email: \_\_\_\_\_

Repair information

Brand: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_
Insured Value: \_\_\_\_\_
Warranty: Yes \_\_\_\_\_ (Include copy of receipt showing date of purchase)
No \_\_\_\_\_ (A deposit of \$40 is required on all non-warranty repairs)
RUSH this item: \_\_\_\_\_ (There is an additional \$40 fee for RUSH service)
List any accessories included with item:

Detailed symptom description: ( Be as specific as possible. Be sure to indicate if the problem takes time to develop, is constant, or can be reproduced by tapping, thumping, or otherwise physically manipulating. Indicate if it was dropped, had liquid spilled on it, was struck by lightning, or any other unusual circumstance. Use back of page if needed.)

\$40 deposit payment method

Credit card type: \_\_\_\_\_ Card number: \_\_\_\_\_
Expiration date: \_\_\_\_\_ 3 digit CVV code on back of card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Charge to EMI account. Existing EMI charge customers only. Sign and print your name below.

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_