

SHIPPING

CUSTOMER: _____ CITY: _____ STATE: _____ ZIP CODE: _____
 BILL TO: _____ SHIP TO: _____
 CONTACT PERSON: _____ OFFICE _____ CELL _____ EMAIL _____
 PO /AFE _____ BILLING CODE: _____ CC _____ EXP _____
 CUSTOMER INSTRUCTIONS: _____ FAX NO. _____

SERVICES REQUESTED

DATE _____ TOTAL ITEMS: _____ ADDITIONAL ITEMS FORM (S) ? Y N HOW MANY ? _____ PLEASE CHECK APPROPRIATE BOX (S)
 1. PARTS ID SERIAL IN WARRANTY ? Y N CABLE REPAIR. RADIO REPAIR. PRESSURE UNIT REPAIR. UPGRADE. BD REPAIR. BD REFURBISH. OTHER
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CUSTOMER CODING / DESCRIPTION OF PROBLEM / SPECIFIC REPAIR NEEDED / REQUESTED

2. PARTS ID SERIAL IN WARRANTY ? Y N CABLE REPAIR. RADIO REPAIR. PRESSURE UNIT REPAIR. UPGRADE. BD REPAIR. BD REFURBISH. OTHER
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CUSTOMER CODING / DESCRIPTION OF PROBLEM / SPECIFIC REPAIR NEEDED / REQUESTED

3. PARTS ID SERIAL IN WARRANTY ? Y N CABLE REPAIR. RADIO REPAIR. PRESSURE UNIT REPAIR. UPGRADE. BD REPAIR. BD REFURBISH. OTHER
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CUSTOMER CODING / DESCRIPTION OF PROBLEM / SPECIFIC REPAIR NEEDED / REQUESTED

4. PARTS ID SERIAL IN WARRANTY ? Y N CABLE REPAIR. RADIO REPAIR. PRESSURE UNIT REPAIR. UPGRADE. BD REPAIR. BD REFURBISH. OTHER
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CUSTOMER CODING / DESCRIPTION OF PROBLEM / SPECIFIC REPAIR NEEDED / REQUESTED

5. PARTS ID SERIAL IN WARRANTY ? Y N CABLE REPAIR. RADIO REPAIR. PRESSURE UNIT REPAIR. UPGRADE. BD REPAIR. BD REFURBISH. OTHER
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CUSTOMER CODING / DESCRIPTION OF PROBLEM / SPECIFIC REPAIR NEEDED / REQUESTED

SHIP TO ADDRESS----- TFLOW - 15807 N. EXPWY 281, EDINBURG TEXAS, 78539