

PVP Communications
REPAIR REQUEST/AUTHORIZATION

CUSTOMER INFORMATION/SHIP TO ADDRESS

Name (Attention to):

Department Name:

Return Ship to address:

City:

State:

ZIP Code:

Phone:

Cell:

Email:

CUSTOMER BILL TO ADDRESS

Same as Ship to address

Name (Attention to):

Department Name:

Bill to address:

City:

State:

ZIP Code:

ITEM(S) RETURNING

Part No.

Serial No.(if applicable):

Description of Problem (please provide as much detail as possible):

Part No.

Serial No.(if applicable):

Description of Problem (please provide as much detail as possible):

ATTACH PAGES FOR ADDITIONAL ITEMS
 (Please provide same information as above)

AUTHORIZATION

PROVIDE QUOTE PRIOR TO REPAIR (if not a warranty repair)

I authorize PVP Communications to repair the enclosed items for the problem(s) indicated and to bill the above address.

Signature/Title:

Date:

Ship items to: PVP Communications 2310 W 205th Street, Torrance CA 90501

