

# Professional Electronic Service

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EQUIPMENT RETURN FORM	
<i>Use one form for each piece of equipment</i>	
Date:	
Contact Date:	
Item Description:	
Serial Number:	

EQUIPMENT BEING RETURNED FROM:	
Contact Person:	
Phone:	
E-Mail:	
Company:	
Street:	
City:	
State / Postal Code:	
Country:	

DESCRIPTION OF PROBLEM:
<i>Please give a detailed Description of the problem and any set-up or operational information that may be helpful.</i>

Note: Please call, write or Email before sending anything for repair, Thank you.

6368 Del Paso Avenue  
San Diego, CA 92120