

intercompcompany.com

Service Form

Customer Information

Name _____ Company Name _____

Billing Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____ Fax _____

Email Address _____

Model Information

Type of Scale or Item _____ Model _____

Serial Number _____

Purchase Date _____ Purchased From _____
 (Be sure to include a copy of your sales receipt, invoice, or proof of purchase date)

Description of Problem/Instructions

Has this item been in for service before? YES NO





Under what name or through who? _____

When? _____

If Product Is Not Under Warranty...

- Option 1: Call with an estimate**
 Customer will be contacted with an estimate of the charges to repair or replace the item(s) prior to work being done.
- Option 2: Repair/Replace Item(s)**
 I authorize Intercomp to repair/replace item(s). If charges for the service (excluding shipping) will exceed \$ _____, please contact me with an estimate prior to repairing/replacing the item.

Payment Options

Card # _____

V-Code _____ Expiration Date _____

Name as it appears on card _____

Card holder's Signature _____ Date _____

Shipping Information

Shipping Address (UPS will not deliver to a PO Box) _____

City _____ State _____ Zip _____

Shipping Address Is: Residential Commercial

Preferred Shipping Method

Items serviced under warranty will be shipped back via UPS Ground, within the continental US, at no charge. Any charges for services beyond standard ground will be charged to you. Intercomp can provide an estimate for shipping at your request.

Ground 3 Day 2 Day Next Day

Please bill any additional shipping fees directly to my account.

Account #: _____

Authorization

I authorize Intercomp Company to service my product(s) as I have indicated on this form. I understand that if my product is replaced, my original product will no longer be available. I also understand that if my product operates normally (no problem found), I will be charged return shipping fees.

Customer Signature _____ Date _____

This form is to be completed and returned with your Intercomp product for warranty service.

Ship Items Directly to:
Intercomp Service Department
ATTN: RMA# _____
3839 County Road 116
Medina, MN 55340

All Intercomp products are guaranteed to be free from defects in material and workmanship for a period of 1 year on scales and 90 days for batteries, hydraulics, and cables, from the date of purchase from Intercomp. After inspection, parts returned prepaid to the factory with the original invoice, will be repaired or replaced at our option, and returned to you via UPS Ground, paid by us. Warranty does not include damage due to misuse, neglect, abuse, or modification. See Intercomp's Warranty & Service Policy for further details.