



Ship to: Davtron, Inc.
Attn: Repair Dept.
427 Hillcrest Way
Emerald Hills, CA 94062

REPAIR FORM

NAME: _____

SHIPPING ADDRESS: FIRST _____ LAST _____

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE: () - _____

EMAIL: _____

MODEL #: _____ **SERIAL #:** _____

APPROXIMATE PURCHASE DATE: _____ / _____ / _____

PURCHASED UNIT FROM: _____

PROBLEM WITH UNIT:
PLEASE GIVE A BRIEF DESCRIPTION OF THE MALFUNCTIONING YOU ARE EXPERIENCING.

PLEASE LET US KNOW DATE IN WHICH YOU NEED YOUR UNIT BACK FOR ATYPICAL CIRCUMSTANCES: _____ / _____ / _____

TURN AROUND FOR REPAIRS IS TYPICALLY 1-2 DAYS ONCE UNIT IS RECEIVED.

CREDIT CARD INFORMATION PROVIDED BELOW OR **CONTACT ME FOR MY PAYMENT INFORMATION**

CREDIT CARD NUMBER: _____

VISA **MASTERCARD**

NAME AS IT APPEARS ON CARD: _____

EXPIRATION DATE: _____ / _____ / _____ **SEC #:** _____

NAME: _____

FIRST _____ LAST _____

ADDRESS: _____

BILLING ADDRESS STREET _____

SAME AS SHIPPING ADDRESS

CITY _____ STATE _____ ZIP _____