



SA & J ELECTRONICS INC.  
747 E. Boughton Rd. #315  
Bolingbrook, IL 60440-2281

Phone (312) 867-1400  
Fax (312) 867-1140  
www.TheBroadcastShop.com  
www.LavalierMicRepair.com

# REPAIR ORDER

**Ship Repair To:**

SA & J Electronics Inc.  
Receiving Facility  
747 E. Boughton Rd. #315  
Bolingbrook, IL 60440

COMPANY NAME	
CONTACT NAME	
ADDRESS	
CITY	STATE ZIP
PHONE	FAX
EMAIL	

PURCHASE ORDER NUMBER
REQUESTED RETURN DATE (DATE ITEMS WILL SHIP FROM OUR FACILITY)
RETURN SHIP VIA UPS <input type="checkbox"/> NEXT DAY <input type="checkbox"/> 2-DAY <input type="checkbox"/> 3-DAY <input type="checkbox"/> GROUND

MANUFACTURE	DESCRIPTION	MODEL #	SERIAL #	PRE-APPROVED AMOUNT (EXCLUDES SHIPPING)
1				\$
2				\$
3				\$
4				\$

ACCESSORIES
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C 1	.....
O	.....
M 2	.....
P	.....
L 3	.....
A	.....
I 4	.....
N	.....
T	.....

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**AUTHORIZATION**

I request the above product(s) be repaired by SA & J Electronics Inc. I understand a minimum analysis charge applies to each unit and further authorize repairs up to the pre-approved amounts stated above. If this repair is to be paid for by a third party or a manufacturer and that party declines payment, I personally agree to pay for the repair and/or analysis charge(s) plus any other costs of collection. Parts and Labor carry a 90 day limited warranty for work performed. There is a returned check charge of \$25 plus all legal and collection fees. Past due accounts are subject to a \$25 late fee plus finance charges. Completed units left over 30 days shall become property of SA & J Electronics Inc. No verbal or other promises have been made to me regarding this repair. If no deposit is made I authorize the minimum/pre-authorized amount(s) to be charged to my SA & J Electronics Inc. open account or credit card. All repair deposits are non-refundable. Any applicable shipping charges and sales taxes are in addition to these minimum/pre-authorized charges and will be due upon delivery of the unit(s). I understand and accept these terms as stated.

SIGNED \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

CREDIT CARD NUMBER	<input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER
CREDIT CARD EXPIRATION DATE	<a href="#">CREDIT CARD CVV CODE</a>
NAME ON CREDIT CARD	
BILLING ADDRESS OF CREDIT CARD	
BILLING CITY OF CREDIT CARD	STATE ZIP