



Projector Service Form

<p style="text-align: center;"><u>Owner Information</u></p> <p><input type="checkbox"/> Company <input type="checkbox"/> School <input type="checkbox"/> Church <input type="checkbox"/> Individual (please check one)</p> <p>Name: _____</p> <p>Contact Person: _____</p> <p>Phone#: _____ Cell#: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>e-mail address: _____</p>	<p style="text-align: center;"><u>Sender Information</u> (if different from owner)</p> <p><input type="checkbox"/> Company <input type="checkbox"/> School <input type="checkbox"/> Church <input type="checkbox"/> Individual (please check one)</p> <p>Name: _____</p> <p>Contact Person: _____</p> <p>Phone#: _____ Cell#: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>e-mail address: _____</p>
<p style="text-align: center;"><u>Unit Information</u></p> <p>Brand: _____</p> <p>Model#: _____</p> <p>Serial#: _____</p>	<p style="text-align: center;"><u>Return Shipping</u> (please check one)</p> <p><input type="checkbox"/> Return unit to Owner's address</p> <p><input type="checkbox"/> Return unit to Sender's address</p> <p><input type="checkbox"/> Return unit to address below</p> <p>Address: _____</p> <p>_____</p> <p>City: _____ State: _____ Zip: _____</p>
<p><u>If warranty repair:</u> (please enclose a copy of purchase receipt)</p> <p>Case#: _____ Date of Purchase: ____/____/____</p> <p>Purchased from: _____</p>	<p style="text-align: center;"><u>Symptom(s)</u></p> <p>Symptom is: <input type="checkbox"/> Intermittent <input type="checkbox"/> Constant</p> <p>Detailed description of symptom(s): _____</p> <p>_____</p> <p>_____</p>

04/17

DIAGNOSTIC FEES: Our diagnostic fees for out-of-warranty projectors carried-in or shipped-in are as follows:

- All Projectors** (based on the weight of the projector)
- **\$95.00** (10 pounds and under)
 - **\$145.00** (over 10 pounds up to 20 pounds)
 - **\$195.00** (over 20 pounds)

This fee is collected on all units that the estimate is declined, non-repairable, no problem found; including units that are disposed of. Return shipping is in addition to this fee.

Credit Card Information:

Name on card: _____ Card# _____ Expiration Date: ____/____/____

Billing Zip Code: _____ Security Code: _____ (3 digit code, 4 digit if American Express)

PLEASE NOTE: Carefully package your unit. Be sure there is sufficient packing around the entire unit. Please **DO NOT** send any mounting brackets/hardware. OnTech Force is not responsible for loss of or damage to mounting brackets/hardware. If unit has a removable lens, please remove it and **DO NOT** end with unit unless instructed to do so. Please **DO NOT** include any accessories, cables, manuals or remote controls (only include remote control if your unit is experiencing remote control problems)

Signature: _____ **Date:** ____/____/____