

## SERVICE REQUEST FORM

**Fill out form before printing.**

NAME:

ADDRESS:

PHONE NUMBER(S):

Work:

Home:

Mobile:

Email:

BRAND OF SPEAKER:

MODEL OF SPEAKER

CABINET:

SERVICES REQUESTED:

COMMENTS:

PAYMENT TYPE:

CREDIT CARD  
PAYMENTS

TYPE OF CARD:

CARD NUMBER:

EXPIRY DATE:

NAME ON CARD:

SIGNATURE OF  
CARD-HOLDER:

\_\_\_\_\_ (Required for credit card payments)

If you wish to pay by other means please state so in the comments field above. We will contact you with the cost when the repair is completed and make the appropriate arrangements for payment. We will accept cheques, but the return of goods will be delayed until the funds are cleared. You can also pay via direct deposit into our account.