

**conrad-johnson design, inc.**

2800K Dorr Ave., Fairfax, VA 22031  
phone 703-698-8581, fax 703-560-5360

Date \_\_\_\_\_

**SERVICE REQUEST FORM**

Complete this form and pack in the carton with the product you are returning for service

Name \_\_\_\_\_ Model \_\_\_\_\_  
Street Address \_\_\_\_\_ Serial # \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_  
email \_\_\_\_\_

**RETURN SHIP TO:**

Same Address   
or  
Name \_\_\_\_\_ Insure shipment for: \$ \_\_\_\_\_  
Street Address \_\_\_\_\_ If not specified, we will insure for  
City \_\_\_\_\_ our estimate of market value plus  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ cost of repairs/upgrades  
Phone # \_\_\_\_\_

Reason for Service  
If being sent for repair, provide a detailed description of symptoms. Be sure to indicate circumstances under which symptoms are observed and whether they are intermittent or continuous

Service Required / Symptoms (continue on back if more space is needed):

Check Here  If you want us to call or email with an estimate before any work is done.  
Note: you will be charged for one hour of labor for diagnostic work, any needed packing, and return shipping cost if estimate is declined.

Labor rate: \$132/hour, billed in quarter hour increments  
There will be a \$12 charge for shop materials on all repairs