

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: \$145/hour, billed in quarter hour increments
There will be a \$12 charge for shop materials on all repairs