

## SERVICE REQUEST FORM

## **Refrigerated Transport Electronics, Inc.**

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Complete the following information, print, and submit one form with each part sent to the address above. Date: SUBMITTED PART INFORMATION Company Name: Street Address: Part Number: Serial Number: City: \_\_\_\_\_ State: \_\_\_\_ Warranty Number: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_ (if applicable) Contact Name: \_\_\_\_ Phone: FAX: Email: Quick Summary: \_\_\_\_ Cosmetic Appearance \_\_\_\_ Missing/Loose Parts \_\_\_\_ Burnt/Blown Part \_\_\_\_ No Power-up **Detailed Report of Problem:** Enter Configuration...SW, Config, hours (if needed) Configuration (SW/Setup)