



Complete Invoicing Address		Complete Shipping Address	
Purchase Order Number _____		<input type="checkbox"/> Check if same as Invoicing Address	
Company Name _____		Company Name _____	
Street Address _____		Street Address _____	
City _____		City _____	
Province _____		Province _____	
Postal Code _____		Postal Code _____	
		Special Shipping Instructions _____ _____	
Instrument Type _____	Serial Number _____	Type of Service (Repair, Calibration, Warranty Repair, Upgrade) _____	Info Code displayed _____
Please Check items that apply: <input type="checkbox"/> Data Communication <input type="checkbox"/> Replace Back-up battery <input type="checkbox"/> Hardware Upgrade <input type="checkbox"/> Software Upgrade	<input type="checkbox"/> Distance Errors <input type="checkbox"/> Angular Errors <input type="checkbox"/> Calibration <input type="checkbox"/> Servo Errors <input type="checkbox"/> Radio Errors	<input type="checkbox"/> Tracker Errors <input type="checkbox"/> Power Failure <input type="checkbox"/> Routine Service Other - Please Describe: _____	
Additional Comments _____ _____			

PLEASE FAX A SEPARATE FORM FOR EACH SERVICE REQUEST