	$\bigcap$	$\mathbf{i}$	TO:	
Experience Power, Experience Vanner			CO:	
			EMAIL/FAX:	
			FROM:	JAMES FINLEY
Return Address:	•			
	4282 Reyn Hilliard, Ol	olds Drive	RETURN FORM TO: Chrys McCoy CO: Vanner PHONE: 614-771-2718	
Service Customer – Data Collection Form Please fill out and fax or email back				AX: 614-771-4904 IL: <u>CHRYSM@VANNER.COM</u>
Date Form Complete Customer Name:				
				Ensures quicker delivery.
Bill To Address:	•	-	Address:	
Email:		Line 1:		
Line 3:				
		Line 4:		
City:				
State:	ZIP	State:		Zip
Country:		Country:	_	
		Com	mercial	Residential
Service Contact Information: A/P Contact Information				
Name:		Name:		
Phone:				
Fax:		Fax:		
E-Mail:		E-Mail:		
Method of Payment COPY OF TAX EXEM Please S Purchase Order Nun	IPT CERTIF Select One:	ICATE(if applicable	) MUST BE RETUR	,
(Customer may provid	• •		-	(Subject to Prior Approval)
********* Units to be I	Returned for	Repair *********		
Model Number	Qty	DOM-S/N		Symptoms
Note: A Bench Fee of \$100 will be chargedfor evaluating the unit and estimating the repair cost for models not currently under warranty. Bench Fee charges will be applied towards the amount billed for the repair.All transactions are subject to Vanner Inc.'s Terms and Conditions, available atwww.vanner.com				
SHIPPING: Please <u>insure packages</u> for cost of replacement. <u>Please do not use packing peanuts, they do not protect the units from shipping</u> damage. Include RGA # on the outside of the box.				