

**Page TV**

**75 Bloomingdale Rd., Hicksville, New York 11801  
Tel: (800) 932-0860 or (516) 931-7617 - Fax (516) 433-0607**

**Shipping-Repair Information Sheet**

Please fill this sheet out and tape it to the top of the equipment  
\* Your information will be saved in our computer system for future repairs \*

**Ship Equipment in the original packing or bubble wrap  
and Double Box! Insure for adequate value**

Ship Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Company Name: \_\_\_\_\_ Your Name: \_\_\_\_\_  
Return Shipping Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Other Contact Person(s) \_\_\_\_\_

**Job Reference** \_\_\_\_\_ **PO Number:** \_\_\_\_\_

**Equipment you are sending for repair**

**Item: (DVR, Speed Dome, Etc)** \_\_\_\_\_ **Manufacturer:** \_\_\_\_\_

**Model#** \_\_\_\_\_ **Serial#** \_\_\_\_\_

**Is this item under manufacturer warranty** N\_\_ Y\_\_ **if yes date purchased:** \_\_\_\_\_

**(If Used) Login** \_\_\_\_\_ **Password** \_\_\_\_\_

**PTZ Control Used?** N\_\_ Y\_\_ **If Yes Protocol Type** \_\_\_\_\_

**What is your exact complaint:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Helpful Information**

Does your Company or Organization Pay Sales Tax Yes / No  
If No please supply Resale # \_\_\_\_\_ in the State of \_\_\_\_\_