



Repair Request Form

RR No. _____

1531 NY Rte 67, Schaghticoke, NY 12154
 Phone 518.753.4500 Fax 518.753.4496

info@qrs1.com / www.qrs1.com

Date Received: _____

| | | | |
|-----------|--|---------------|--|
| Company | | First Name | |
| Address | | Last Name | |
| Address 1 | | Email Address | |
| State | | Phone | |
| Zip | | Mailing Date | |

| MODEL / ITEM | ASSY / PART | P.O. NUMBER | SERIAL NUMBER | PRIOR RM | DATE LAST SENT | DATE CODE |
|------------------------|-------------|-------------|---------------|----------|----------------|-----------|
| | | | | | | |
| Symptoms: | | | | | | |
| Shipping Instructions: | | | | | | |

| | | | |
|--------------------|-------------------|----------------|---------------|
| Expedite - \$30.00 | Estimate Required | Repair | Modify/Update |
| Warranty | Prior RM # | Date Last Sent | |

Accepted By: _____
 (Print Name)

Authorized Signature: _____

Title: _____ Date: _____

Print a copy of this Repair Request Form, include with Assembly when shipping to QRS

DO NOT WRITE BELOW IN SHADED AREA - QRS USE ONLY

| | | | |
|---|---|--|--|
| General Inspection: | | | |
| Total Parts & Supplies: | | | |
| Repaired/Tested Communications <input type="checkbox"/> | Repair Print Mechanism <input type="checkbox"/> | Recalibrate <input type="checkbox"/> | Perform Diagnostics <input type="checkbox"/> |
| Repaired/Tested Keyboard Circuit <input type="checkbox"/> | Clean/Lube/Test <input type="checkbox"/> | Repair/Test Print Circuit <input type="checkbox"/> | Other <input type="checkbox"/> |
| Repaired/Tested Power Supply <input type="checkbox"/> | | | |
| Action Taken By: | | | |
| Labor Hours | \$ / Hour | Total | |
| | | | |
| Repair Time | Cost | | |