




Please complete & return with defective unit

CONTACT INFORMATION	PAYMENT INFORMATION	RETURN SHIPPING METHOD	
Contact name:	Please check payment method	<input type="checkbox"/> Next Day AM (call for price)	
Company name:	<input type="checkbox"/> Call for credit card #	<input type="checkbox"/> Next Day anytime (call for price)	
Address:	<input type="checkbox"/> COD (add. charge applies)	<input type="checkbox"/> Second Day (call for price)	
Address:	<input type="checkbox"/> Check included	<input type="checkbox"/> Regular Ground (no add. charge)	
Phone #:	<input type="checkbox"/> Bill our account	REPAIR QUOTE	
Your account #:			
Your customer name:			<input type="checkbox"/> Repair at quoted rate of \$_____*
Your reference #: (RO/PO)			<input type="checkbox"/> Call with estimate
		<input type="checkbox"/> Email @: *A UR rep will contact you if blank.	

DEFECT INFORMATION - TROUBLE IS IN:

<input type="checkbox"/> Radio <input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> Tape <input type="checkbox"/> CD <input type="checkbox"/> Nav <input type="checkbox"/> Amp <input type="checkbox"/> Other(describe)	<input type="checkbox"/> Cluster ***Ship GM clusters to: 5717 Enterprise Parkway*** <input type="checkbox"/> Speedo <input type="checkbox"/> Tach <input type="checkbox"/> DIC <input type="checkbox"/> Shift Ind <input type="checkbox"/> Gage <input type="checkbox"/> Odometer <input type="checkbox"/> Trip <input type="checkbox"/> Other (describe)
DEFECT (Please describe in detail)	
Anti Theft Code:	Media included? Yes / No (If yes, describe on reverse) United Radio is not responsible for media.