



ENTROPY TECHNOLOGY
DESIGN, INC.

REPAIR/FAILURE FORM

CONTACT/SHIPPING/PRODUCT INFORMATION

Ship To Name: _____

Company: _____ Phone: _____

Email: _____

Shipping Address: _____

Street Address *Suite #*

City *State* *ZIP Code*

MODEL: _____ **SERIAL NUMBER:** _____ **PURCHASE DATE:** _____

Reason for Return?

PLEASE CALL FOR SHIPPING INSTRUCTIONS AT 855-834-0188

OFFICE USE

DATE RECEIVED: _____ REC BY: _____

LOCATION: _____ SHIPPED BY: _____

TEST DATE: _____ TEST TYPE: _____

TESTED BY: _____

REPAIR DATE: _____ REPAIRED BY: _____

DESCRIPTION: _____

RETURN: Y OR N RESOLD: Y OR N REPLACEMENT SENT: Y OR N

DATE: _____ SIGNATURE: _____

FINAL APPROVAL BY: _____

SHIPPED DATE: _____ TRACKING NUMBER: _____