



Business Hours: 8:00 am - 4:30 pm
 Monday through Friday
 Ph: 858.748.8440

Service Request Form

Ship Product To:
 Hitec RCD USA, LLC
 Attn: Customer Service
 12115 Paine Street
 Poway, CA 92064

1. Customer Information (Please print)

NAME _____

STREET NAME (PO Box not accepted) _____

CITY STATE ZIP CODE _____

PHONE _____

E-MAIL ADDRESS _____

2. Ship To Information (If different from customer info)

NAME _____

BUSINESS NAME (IF APPLICABLE) _____

STREET NAME _____

CITY STATE ZIP CODE _____

Walk-in Customers Only:

CHECK ONE: W/C SHIP

3. Returned Product Information Note: Please be exact when listing product being returned

Model Name(s) or Part Number(s)	Quantity	Model Name(s) or Part Number(s)	Quantity

4. Description of Problem(s) If product has been sent to Hitec for service before, please attach copy of service invoice

5. Purchase Information

PURCHASE DATE (MM/DD/YY) _____

WHERE PURCHASED _____

Be sure to provide a copy of your receipt for all warranty repairs. If one is not provided, product warranty is left to the technicians discretion.

6. Signature: _____

Date: _____

Received By: For office use only

