

Service Request Form

Business Hours: 8:00 am - 4:30 pm Monday through Friday Ph: 858.748.6948

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

Ship Product To: Hitec RCD USA, Inc. Attn: Customer Service 9320 Hazard Way Suite D, San Diego, CA 92123

1. Customer Information (Please print)

STREET NAME (PO Box not accepted) CITY STATE ZIP CODE		NAME		
		BUSINESS N	BUSINESS NAME (IF APPLICABLE) STREET NAME	
		STREET NAM		
PHONE E-MAIL ADDRESS		CITY	STATE	ZIP CODE
		CHECK ONE:	W/C SHIP	
3. Returned Product Information Not	e: Please be ex	cact when listing	product being retu	ırned
Model Name(s) or Part Number(s)	Quantity	Model Name(s) or Part Number(s) Qua		1
4. Description of Problem(s) If produce	ot has been ser	it to filted for ser	vice belore, please a	attach copy of ser
5. Purchase Information				
) WH	IERE PURCH	ASED	
PURCHASE DATE (MM/DD/YY Be sure to provide a copy of your receipt for	,			ty is left to the
5. Purchase Information PURCHASE DATE (MM/DD/YY Be sure to provide a copy of your receipt for technicians discretion. 6. Signature:	all warranty repa	airs. If one is not pro	ovided, product warran	