



SERVICE ORDER FORM

Return Items to: Datacap Systems, Inc.
100 New Britain Blvd.
Chalfont, PA 18914
Attn: Service Dept.
Service Type _____

Customer
Purchase Order # _____

Name: _____
Address: _____

Return _____
Repair to: _____

Contact: _____
Phone #: _____
Fax #: _____
E-mail: _____

Ship repaired product via: _____

Service Type Requested/Authorized (Check one AND indicate on mailing label):

- Type
C1 Annual Contract (5 business day turnaround)
R1 Priority Non-contract repair (5 business day turn, 25% premium)
R2 Standard Non-contract repair (30 calendar day turnaround)
W1 Warranty (5 business day turnaround)
W2 Extended Warranty (5 business day turnaround)

Purchase Date _____ (req'd for warranty repair)
Where Purchased _____ (req'd for warranty repair)
Dealer Name _____

Load Network? Yes No Network Load Module _____
Load Merchant Parameter File Yes No Merchant File Name _____

Note: If dial-in load service was not purchased, Datacap does not maintain file, and there are additional fees for re-building parameter files

Items returned for repair / Problem Description:

Table with 4 columns: Qty, Item, Serial #, Problem Description. Includes four rows of blank lines for data entry.

Special Instructions: _____

Please record the serial numbers of the items you are returning for repair to be used as a reference when checking on the status of repairs.

Note: Payment terms are C.O.D. (credit cards accepted) unless other terms are previously arranged.