

# TekPort<sup>®</sup> Inc.

dba GREEN T

Repair Request Form

Fax: 201-327-4747

Phone: 201-670-0777

All repairs either warranty or non-warranty require a Credit Card or Purchase Order for the \$ 195 estimate fee. **TekPort** will not process any repairs without this information. This form must be completed and faxed back to **TekPort** at (201)670-4842. Once **TekPort** has received the completed form, an RMA number (which will also be your Service Order Number) will be assigned to the repair. This number must be on the outside of the box or the shipment will be refused.

Eligibility of warranty or non-warranty is determined by **TekPort's** certified technician.

**Turnaround Time:** Repairs may take between 1 and 2 weeks to complete. All repairs on are a first in - first out basis. Rental Equipment is available during the repair period of your equipment.

**Out of Warranty Repairs:** Labor is charged in 15 minute increments at \$31.25 per 15 minutes or \$125 per hour. Estimates are \$ 195 and are deducted from repair costs upon approval. If repair is declined, Customer will be billed estimate fee.

**TekPort is not responsible for any additional damage sustained from improperly packaged shipments. We recommend shipping from a professional shipping establishment. Should you choose to ship the equipment yourself, the equipment must be shipped in a double walled cardboard box with at least 3" surrounding the equipment on all sides. The box must be filled with either shipping peanuts or bubble wrap to allow no movement of the equipment inside box. If you do not have the appropriate shipping materials, TekPort will ship them to you for a reasonable fee.**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial No. \_\_\_\_\_

Symptoms (Be Specific): \_\_\_\_\_

Warranty \_\_\_\_\_ Non-warranty \_\_\_\_\_ **If not purchased from TekPort you must provide proof of warranty.**

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Credit Card Type: Complete Credit Card Authorization Form on page 2 (if applicable).

or Purchase Order No. \_\_\_\_\_ (if applicable)  
(Hard Copy Required)

**All shipping, pickup and delivery charges billable (in or out of warranty).** Please be advised that if you do not have an account with **TekPort** you will be required to pay by check or credit card any charges before your unit is returned.

Any item left for more than 30 days after receipt at **TekPort** will be subject to \$5 per day storage fee. Thank you for choosing **TekPort** to service your equipment.

Ship to: **TekPort dba GREEN T**  
Attn: Service Order/RMA # \_\_\_\_\_  
342 Rt 17 North  
Upper Saddle River NJ 07458

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_