



Bulbthatlast4ever
 Repair Request Form
<http://www.bulbthatlast4ever.com>

Returned From:

Name: _____
 Address: _____
 City: _____ State _____
 Zip Code: _____
 Country (Outside US): _____

Bike Info:

Make: _____
 Year: _____
 Model: _____

Contact Info:

E-mail (Required): _____
 Phone: _____

Method Of Payment:

Money Order (Postal Preferred)
 Certified Bank Check or Cashiers Check
 All checks or money orders payable to: Bruce Branstad

Basic Unit Repair Information:

| Qty. Returned | Unit Model # | Rev. | Describe Symptoms |
|------------------|-----------------|------|-------------------|
| | | | |
| | | | |

Before you return this unit for repairs, determine if this unit is still covered under the Warranty sold with the unit. If so, the unit must be returned with the original Invoice or at least the invoice number to be considered a "Warranty Repair".

All "Non-Warranty" Repairs will be subject to the following Terms & Agreement:

1. A \$10 non-refundable evaluation charge applies, must be accompanied with the unit before any evaluation or troubleshooting will occur.
2. A \$15 per hourly labor rate will apply for any repairs; additional parts cost will be added to the invoice upon completion. An invoice will be sent to the own of the unit via e-mail or conventional mail upon completion of the repairs.
3. The owner of the repaired unit is responsible to pay the amount due within 14 days, via the instructions on the invoice (e.g. PayPal, Money Order, or Bank Certified Check).
4. Upon receiving the payment for amount on the invoice, the unit will then be shipped. If payment has not been received, the unit will be retained until payment has been received.
5. No further Warranty is offered on repairs made under this agreement.
6. A customer signature is required before any type of activity will take place in regards to this returned unit/s.
7. By signing below, you also agree with the following statement "Under no circumstances will Bulbthatlast4ever or it's representatives be responsible or liable for any incidental or consequential property damages or personal injuries arising from or in connection with this repair to this product or device listed above."

Customer Signature: _____

Date: _____



 CUT ALONE THIS LINE TO REMOVE THE RETURN LABEL AND AFFIX IT TO YOUR PACKAGE



Bulbthatlast4ever
 Att: Returns
 P.O. Box 521
 Sun Valley, CA. 91353-0521
 U.S.A.