Repair Authorization Form

*Print two copies; include one in the package and keep one for your records.

Contact Information			
Company Name (If Applicable):			
Full Name:			
Address:			
City:	State / Province:		Zip Code:
Phone:	Fax:		Email:
<u>Product Information:</u> *Find the list of currently unsupported products (www.aorusa.com/nonsupported)			
Model:	Serial Number:		Under Warranty?* (Yes / No)
*Please include a proof of purchase or sales receipt.			
Description of the issue (Please include procedure for reproducing issue if necessary):			
Accessories Included (Power supply, antenna, etc.): *AOR USA, INC. is not responsible for accessories not listed.			
Estimate Requied?* (Yes / No)			
*Please allow 2 to 3 weeks for the estimate			
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Preferred Payment Method (PayPal / Mo	nev Order / Personal Check)		
*You do not need a PayPal account to make a payment			
,	<i>a pay</i>		
Below area is for AOR USA use only			
Repair Content			

Serviced By:



Invoice #