



CSS INC.

FACTORY AUTHORIZED SERVICE CENTER

SERVICE REQUEST FORM

RMA # 000 _ _ _

Date Completed: ___/___/___ Contact Person: _____ Tel: _____-_____-_____

Bill To: (if out of warranty)		Ship To:	
Name:		Name:	
Company:		Company:	
Address:		Address:	
Email:		Email:	
Phone:		Phone:	
Date of purchase:	/ /	Purchased from:	
Date item (s) required back:	/ /	Tail / Vessel Number:	
Item (s) returning for service:	Description of Problem 1		
	Description of Problem 2		
	Description of Problem 3		
Item 1 Model: _____ Serial #: _____ Software Ver: _____ Change Index: _____	1.		
	2.		
	3.		
Item 2 Model: _____ Serial #: _____ Software Ver: _____ Change Index: _____	1.		
	2.		
	3.		

Service Rate: \$100/hr. Minimum \$200 for "No Problem Found". Charges may not apply if equipment is under warranty

Include this form inside packaging and ship to:

CSS Service Center
8201 Peters Rd Suite 1000
Ft Lauderdale, FL 33324-3266

FedEx Ac #: _____ UPS Ac #: _____ DHL Ac #: _____

RETURN SERVICE REQUIRED: GND: _____ 3 DAY: _____ 2 DAY: _____ OVERNIGHT: _____