

ACCULAW, INC. 4407 S.W 62ND AVE DAVIE, FL 33314

## **SERVICE REQUEST FORM**

Enclose this form with equipment **CUSTOMER INFORMATION** Name: Company: Date: Phone: E-mail: Fax: Shipping address: City: State: ZIP Code: REPAIR INFORMATION ☐ Steno Writer ☐ Computer Serial #: Model: Repair: Serial #: Model: Do you have a working backup unit: Description of Problem: SHIPPING INFORMATION Shipping Method: UPS Ground Acct # (if any): PAYMENT INFORMATION ☐ C.O.D Payment Method: ☐ Credit Card ☐ Check Name on Card: Billing address: ZIP Code: City: State: Credit Card #: CSC: Exp: FOR OFFICE USE ONLY **Equipment Received:** Results: