



.....Service Request Form

**Sitech Chesapeake LLC**  
**(443) 579-3400**

Date Shipped:  Customer PO#:

Company Name:

Contact Person:  Cell Phone:

Address:

City:  State:  Zip:

Email Address:

Phone Number:  Fax Number:

**Shipping Address (if different than above)**

Address:

City:  State:  Zip:

Item Description:  Serial Number:

Item Description:  Serial Number:

Please Describe the problem (what the instrument is doing or not doing)

Please list all accessories that will be included with the items listed above: (chargers, brackets, cables, etc.)

\_\_\_\_\_  
Signature of Customer requesting Service

\_\_\_\_\_  
Date

- It is Sitech Chesapeake's Practice to provide a Estimate with every repair.
- There is an estimate refusal fee of 1 hour of labor.

**Sitech Chesapeake LLC**  
**19 Thomas Ave.**  
**Brooklyn, MD 21225**  
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