

# REPAIR REQUEST

**Send Equipment To:**  
Tracer Electronics LLC  
6981 Eastgate Blvd.  
Lebanon, TN 37090



## A) Your Return Address:

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Attention: \_\_\_\_\_

## B) Your Billing Address:

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Attention: \_\_\_\_\_

**Check Here if same as shipping/Return:** \_\_\_\_\_

## C) Your Contact Information:

Contact Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

**Need Estimate:** Yes \_\_\_\_\_ or No \_\_\_\_\_

## D) Your Equipment Information:

Type / Manufacturer: \_\_\_\_\_  
Model: \_\_\_\_\_  
Includes: RX \_\_\_\_\_ TX \_\_\_\_\_ Leads \_\_\_\_\_ Clamp \_\_\_\_\_

## E) Please Explain Your Issue:

\_\_\_\_\_

Connect with us

