



START PAC

START PAC EXCHANGE/REPAIR FORM MUST BE INCLUDED WITH YOUR UNIT:

SHIP UNIT TO: 4060 Schiff Drive, Las Vegas, Nevada 89103

Company Name: _____

Contact Person: _____

Company Address: _____

Company Phone/Fax: _____ / _____

Email address: _____

Start Pac Model Number: _____ Serial Number: _____

Describe problem: _____

Special Instructions: _____

Date Received: _____

Action taken: _____

Assembler signature: _____ date: _____

Manager Approval: _____ date: _____