

Please fill out the form completely.

**Information:**

Company Name: _____	Date: _____
Address: _____	Contact Name: _____
_____	Phone: _____
_____	Email: _____

**Coil Information:**

OEM/System: _____	Coil Description: _____
Field Strength: _____	Coil Part Number: _____
Frequency of System: _____	Coil Serial Number: _____

**Issues related to this Coil: (Check all that apply)**

Will Not Scan:	TR Driver Fault	Loss of Signal	Coil ID Problem	
SNR:	Low Signal	Grainy Image	Poor contrast	
(If Low Signal):	Channel: _____	SNR Value: _____	SNR Spec: _____	
Artifact:	Localized	Bright Area	Dark Hole	Shading
Homogeneity:	Poor Uniformity	Fat Saturation		
Mechanical Damage:	Housing	Output Cable	Connector	Other: _____
Which sections, modes or channels have the problem? _____				
How long has the current problem been existent? _____				
Are any of the problems intermittent?	Yes	No		

**Brief Description of part failure:**

\_\_\_\_\_

**Coil Purchase & Repair History:**

Did you purchase this coil new? \_\_\_\_\_ If not, how long have you been using it? \_\_\_\_\_

Has this coil been previously serviced/repared? \_\_\_\_\_ If so, who serviced it previously? \_\_\_\_\_

If so, what was the issue with the coil? \_\_\_\_\_

**Shipping Information:**

Shipping Terms: Collect Add to Invoice	Shipping Account #: _____
Return Shipping Address:	Ship via: FedEx UPS Other: _____
	Speed: Next Day 8am Next Day 10am Next Day PM
	2nd Day Ground Freight
	Blind Shipping: Yes No
	If shipping blind, did you include a label? Yes No

**Payment Information:** PO#: \_\_\_\_\_

**Net 30 terms** (approved customers only, If you'd like to download the application for Net 30 approval, click [HERE](#))

**Credit Card** (Click [HERE](#) to download our Credit Card Payment Form) (Any orders < \$1,000.00 **MUST** be paid with a Credit Card unless Net30 approved)

**Wire Transfer or Check** (Click [HERE](#) to download our EFT Payment Instructions)