Southern Electronics F	Repair Form		Audio Equipment	(CRR)
Please print out this form, complete fully, and enclose with your repair. Thank you for choosing Southern!				
Contact Information				
Name Business Name <i>(if applicable)</i> Street Address City/State/Zip Code Phone Number Email				
I his information is use	a for return snipping. L	Location should be secure o	or have someone available to receive unit.	
Unit Information				
Make	Mc	odel	Year	
Functions Not Working AM FM Cassette CD Display Amplifier Nature of Problem Dead Cuts Off Static Distorted Buzz Squeal Whine Blank When Does Problem Occur Always Often Rarely When Hot When Cold After Playing Mins. At What Volume All Normal High Low Speakers Affected LRear RRear LFrontLower LFrontTop RFrontLower RFrontTop Sub Woofer Additional Info (the more info we have, the quicker we can repair your radio) Info (the more info we have, the quicker we can repair your radio) Sub				
Payment Information				
Price Quoted*	C check here if y	ou have not yet recei	ved an estimate)	
 Credit Card (No charges made until unit is ready to ship. For security purposes, credit card information will not be kept on file.) MasterCard Visa Discover American Express 				
Card Number Expiration Name on Card		nt than shipping address at		
Street Address City/State/Zip Code				
 Check Included (Checks are cashed when received. Refunds for overpayment will be sent separately by US mail. Personal checks will delay shipment 5-7 business days while funds are verified.) COD (Add \$10 to estimates for the UPS COD fee. We cannot ship COD to a PO Box.) PayPal (Please make sure the email address above is the email for your PayPal account.) 				
			ndisclosed fluid intrusion, we will contact you with a r on we will return your equipment at NO CHARGE to	