



Projector People® Repair Form
Call 800.639.3010 / Fax: 813.882.9508/ www.projectorpeople.com

PLEASE FILL OUT THIS FORM AND INCLUDE IT WITH YOUR UNIT COMING IN FOR REPAIR

Your Company Name: _____ E-Mail address: _____

Shipping Address (once repaired): _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Fax Number: (____) _____

Your Name/Contact Person: _____

Please explain the problem with your unit: _____

Unit Make: _____ Unit Model Number: _____

Unit Serial Number: _____

Warranty Validation: If you believe your unit is under warranty or service contract, please include a copy of your original invoice for warranty validation. Please note that manufacturer warranties and service contracts do not cover cleaning and/or No Problem Found.

We offer Emergency Rate Service (\$165.00 per hr): If Emergency Rates are elected, we process your repair in the quickest manner possible. The labor rate for emergency is not covered by your manufacturers warranty although the parts may be covered. (SEE RATES BELOW)

***Please circle YES if you wish to elect Emergency Rate Service **NO YES if yes, initial here** _____

Shipping: Upon completion of your repaired unit, we ship the unit back to you UPS Ground for warranty repairs. (Non-Warranty repairs, Ground shipping is billable) If you wish to elect express shipping, please provide your Carrier information: (Example: Fed Ex, UPS, DHL, ect.)

Your Shipping Carrier: _____

Your Shipping Account Number: _____

Please circle your preferred return shipping method using your account: **Priority Overnight 2nd Day**

Our Rates (1 Hour Minimum):

- \$95.00 Estimate Fee, Refused Estimates, Non Repairable, No Problem Found (NPF)**
- \$95.00 per hour LCD Projectors, Monitors, Professional VCR's, Overhead Projectors, Etc.**
- \$75.00 per hour Varitronics Equipment**
- \$165.00 per hour Emergency Repair Service (does not include parts)**



**UPON COMPLETION OF PAGE NUMBER 1, PLACE THE FORM IN YOUR BOX
AND SHIP YOUR UNIT TO THE FOLLOWING ADDRESS:**

Ship To:

**Projector People®
Attn: Repair Department
6313 Benjamin Rd, Suite 110
Tampa, FL. 33634**

****** *Important Packaging Information* ******

Please remember your unit is very fragile and not all carriers are gentle with your equipment.

Things to be done before you ship your unit.

- Make sure service order form is filled out completely and include form with unit.
- If unit is under warranty please include original invoice.
- Remove any mounting brackets before packing unit. **DO NOT SEND ACCESSORIES WITH PROJECTOR.**
- Make sure unit is very well packed **AT LEAST 3 INCHES** of packing material around the entire unit between the unit and the box and on all four sides to include top and bottom.
- Recommended packing material would be bubble wrap or foam packing material. If you are considering using peanuts for packing material make sure unit is wrapped in bubble wrap before adding peanuts.
- Make sure you insure the unit for the full cost of the equipment.
- **DO NOT USE RAGS, SHREDDED PAPER, NEWSPAPER OR PAPER PRODUCTS OF ANY KIND AS PACKING MATERIAL.**
- If you are unsure of how to properly pack your unit or do not have proper packing materials to package your unit you may want to take your unit to a company who offers packaging services.

Upon returning your repaired equipment, if we do not feel that the unit has sufficient packaging, we will automatically provide proper packaging materials for an additional \$25.00. This will reduce the chances of shipping damages.

AVI Credit Card Authorization Form

CREDIT CARD OR PO MUST BE PROVIDED IF YOU DO NOT HAVE AN ACCOUNT WITH US.

If you have any questions please feel free to contact us at 1/888-884-7168

Audio Visual Innovations is a team of highly trained and motivated professionals who are leaders in the audiovisual industry. AVI provides superior products and services to various markets, guaranteeing the success, satisfaction and respect of our internal and external customers.

Fax to the Attention of: _____

AVI Credit Card Authorization Form processed on: ____/____/____

Name on Card:		Type of Card	Visa MasterCard Amex
Company:		AVI Customer #	
Fax:		AVI Invoice #	
Phone:		Service Ticket #	

Total amount of charge: \$

Please provide the Billing Address for the Credit Card.

Check if customer wants a copy of the CC receipt faxed to them.

Street:

City/State/Zip:

Credit Card Number:

Expiration Date:

CCV Code:

The CCV code is the last 3 or 4 digits on the signature stripe on the back of the card, after the account number.

Customer Signature (if

Signature of AVI