

## Service Request

Case Number: \_\_\_\_\_

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ Shipping State: \_\_\_\_ Shipping Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

eMail: \_\_\_\_\_

Instrument: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Instructions:

Please include this paper with your shipment.

A \$45.00 evaluation fee will be accessed for any instrument not under warranty. This fee will be waived if you have your instrument repaired.

If sending via UPS/Fed Ex

AFC international Inc  
715 Almond St SW Ste C  
DeMotte, IN 46310

If sending via US Mail

AFC International Inc  
PO Box 894  
DeMotte IN 46310



**AFC International Inc.**  
PO Box 894 • DeMotte IN 46310  
715 Almond St SW, Ste C • DeMotte IN 46310  
800-952-3293 • [jwarren@afcintl.com](mailto:jwarren@afcintl.com)

## Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN

All information will remain confidential

Name on Card: \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card Type:    Visa                      Mastercard                      Discover                      American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Visa, Mastercard and Discover: 3 digits on the back of card. American Express: 4 digits on front of card.

PO Number if Applicable: \_\_\_\_\_

I authorize AFC International Inc to charge the amount of the quote/order (plus shipping charges) listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing card cardholder agreement.

### Cardholder - Please Sign and Date

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
(In case there are any issues)

email Address: \_\_\_\_\_  
(For receipt)



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