



Company: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Model # \_\_\_\_\_  
 Serial # \_\_\_\_\_

Detailed Description of Problem

Estimate       Repair

- **Send only accessories necessary for analyzing problem**
- **Please pack equipment carefully to protect against damage in shipping**
- **Include this form with parcel**

Send to:  
 Advanced Radiant Systems  
 Attn: Repair  
 315 N. Madison  
 Fortville, IN 46040