U.S.PAPER COUNTERS REPAIR AUTHORIZATION *MUST BE COMPLETED IN FULL, SIGNED, DATED AND RETURNED*

*DO YOU REQUIRE A QUOTE?	YES NO
*COMPANY NAME:	*P.O.#
*BILLING ADDRESS:	
*SHIP-TO ADDRESS:	
*CONTACT NAME:	
*TEL. #'S:	*EMAIL:
*MACHINE MODEL:	*SERIAL #:
~OR~ *PART NAME & NUMBER:	*SERIAL #:
*EXPLAIN PROBLEM IN DETAIL: <i>(IF YOU S</i>	POKE TO A TECHNICIAN, PLEASE INCLUDE NAME & DATE)
**(SHIP TO: U.S. PAPER COU	DR PART TO US? UNTERS, 138 ELIZABETH TERR., CAIRO, NY 12413
	COPY OF THIS REPAIR AUTHORIZATION.)
*DO YOU WANT IT INSURED? Yes	No (cost approx. \$.85 per \$100)
*HOW DO YOU WANT IT RETURNED? **BE	SPECIFIC:
(UPS, FEDEX, GROUND, OVERNITE, ETC.) - COM	IPANY FEDEX OR UPS ACCOUNT #
-	r delays due to lack of information. e appropriately.
Signature:	Date:
Please print name & title:	
FAX TO: 518-622-2695 or E-MAIL: uspc2@wecount.com	

QUESTIONS? PLEASE CALL 518-622-2600