



Seiler Instrument Company- Headquarters  
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Date: \_\_\_\_\_

# SERVICE REQUEST FORM

(This form must be included with all items shipped for repair or service)

**Company Billing Information:**

**Shipping Address: (if different)**

Company: \_\_\_\_\_ Company: \_\_\_\_\_  
 Bill to Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Reference Purchase Order# (if applicable): \_\_\_\_\_

<p><b>Return Shipment Back: (choose one)</b></p> <p><input type="checkbox"/> UPS/Ground</p> <p><input type="checkbox"/> UPS/Next Day Air</p> <p><input type="checkbox"/> UPS/2nd Day Air</p> <p><input type="checkbox"/> Pick Up at Seiler Office</p>
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**Equipment information** (type of equipment, purchase data, warranty information, etc)

Equipment type/make: \_\_\_\_\_ Model number: \_\_\_\_\_  
 Serial Number: \_\_\_\_\_ Date Purchased: \_\_\_\_\_  
 Extended Warranty date(s)(if applicable): Hardware: \_\_\_\_\_ Firmware: \_\_\_\_\_  
 Firmware Version: \_\_\_\_\_

List of All Equipment Submitted (Example: tripods, tribrach, data collector, lasers, cables, receivers, etc):

**Service you would like completed on equipment:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Clean-Relube-Calibrate | <input type="checkbox"/> NIST Cert.    | <input type="checkbox"/> Warranty Repair |
| <input type="checkbox"/> Non Warranty Repair    | <input type="checkbox"/> Estimate Only | <input type="checkbox"/> Other           |

Do you want to be contacted with an estimate PRIOR to repairing?  Yes  No

Description of problem: \_\_\_\_\_  
 Error code(s) displayed on equipment \_\_\_\_\_  
 What type of data collector is involved (if applicable?) \_\_\_\_\_  
 What field software/version are you using? \_\_\_\_\_  
 What were weather/temperature conditions when failure occurred? \_\_\_\_\_  
 Was instrument dropped or did instrument get wet? \_\_\_\_\_

Comments: