Westcom Wireless

Repair Service Agreement

Contact Name: _____

Organization Name: _____

Return Adress: _____

_____

Cell Number: _____

Secondary Number: _____

Email Address: _____

Please indicate the number of each item you are sending in.

☐ X12 AIO DM ___	☐ HS-45 DM ___	☐ Belt Pack ___	☐ Atlas Pro DM ___	☐ Atlas LM ___
☐ X12 AIO SM ___	☐ HS-45 SM ___	☐ LoudMouth ___	☐ Atlas Pro SM ___	☐ Atlas XMR ___
	☐ HS-35 ___	☐ XMR ___	☐ Atlas Air ___	
			☐ Atlas Max ___	

Please explain what needs to be repaired on each item. _____

_____

_____

_____

_____

Billing Method: Purchase Order ☐ Check ☐ Credit Card ☐

Ship-to Address: Westcom Wireless/Service Department

2773 Leechburg Road, Lower Burrell, PA 15068

By signing below, you are authorizing Westcom Wireless to perform repair service on our headset system. No charges will be incurred witout prior correspondence between Westcom and the point of contact above. You acknowledge that following our diagnostics, you will be contacted regarding repair logistics and pricing.

Authorized Signature: **Date:** _____

PROCOM HEADSETS