



**SECURITY
AUTOMATION
SYSTEMS** ®

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REPAIR APPROVAL FORM

*Please fill out and return via FAX (317) 489-9621 or email to: service@securityautomationsystems.com

COMPANY / FACILITY NAME: _____ P.O.# _____

FACILITY ADDRESS: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NAME: _____ PHONE No. _____

REPAIR DESCRIPTION _____
 PART #'s _____
 RMA # / CASE # _____

REPAIR FEE	\$ _____
SERVICE FEE	\$ 150.00 _____
SHIPPING & HANDLNG	\$ _____
TOTAL	\$ _____

AUTHORIZED SIGNATURE: _____ DATE: _____

TITLE: _____

By signing this form, I am stating that I have the authority to approve, in advance, the repair of the above listed material and will be financially responsible for all costs listed above. All Repair Approval Forms must be signed to be valid.