



**SECURITY
AUTOMATION
SYSTEMS** TM

Security Automation Systems, Inc.

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SERVICE REQUEST FORM

***This form is to be filled out and return via FAX (317-774-8006) or e-mail
(service@securityautomationsystems.com).**

FACILITY NAME: _____ P.O.# _____

FACILITY ADDRESS: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NAME: _____ PHONE No. _____

PLEASE DESCRIBE THE PROBLEM (or attach a list of PROBLEMS with this service request for proper assistance): _____

AUTHORIZED SIGNATURE: _____ DATE: _____

TITLE: _____

By signing this form, I am stating that I have the authority to approve, in advance, the reconditioning of the security automation systems under the terms and guidelines as stated in the Security Automation Systems', Inc. Service Rates & Terms form. All service request forms must be signed to be valid. All units received by Security Automation Systems, Inc. for repair will be billable. Charges for a lift truck will be at facility's expense.