



# JTECH Service Order Form

Customer # \_\_\_\_\_ Location: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone#: \_\_\_\_\_

Fax #: \_\_\_\_\_

**The following order is for:**

- missing pagers
- non-functioning pagers
- duplicate pager number changes (use box for duplicate numbers below only)
- parts

- I would like a service person to call me
- I would like a sales person to call me

\*If you have both missing and non-functioning pagers, separate forms should be submitted.

**Please mark pager numbers you are ordering below.**

<input type="checkbox"/> I have pagers <input type="checkbox"/> I have Glowsters® <input type="checkbox"/> I have CommPass® <hr/> I would like to buy: <input type="checkbox"/> an adapter <input type="checkbox"/> clips <input type="checkbox"/> batteries <input type="checkbox"/> an antenna <hr/> I have a non-functioning: <input type="checkbox"/> charger <input type="checkbox"/> transmitter	<b>Duplicate Numbers:</b> Old #    New # _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
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1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110
111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130
131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150

Please describe what is happening with non-functioning equipment: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**In order to avoid ordering duplicate pager numbers, please verify your order prior to faxing.**

I am an authorized personnel of the ordering company and have the authority to make this purchase and all commitments contained herein. There will be no refunds or credits for any or all products returned after 15 days from the shipment date.

\_\_\_\_\_  
Customer Signature / Date

\_\_\_\_\_  
Printed Name / Title

**Please FAX this form back to: 561-995-2260 or email in to: [wecare@jtech.com](mailto:wecare@jtech.com)**