

Repair Order (RO) Request Form

Contact Information

Please note: If your unit is <u>not</u> under manufacturers warranty or under a ZebraCare service agreement a method of payment is required before repairs can begin. If you are unsure of your printer warranty status, you can check online at <u>www.zebra.com</u> in the Service and Support section.

*Required Field		
*First Name:	* Last Name:	
*Company:		
*Address:		
*City:	* State:	
Province/County:	* Postal Code:	
*Phone:	Fax Number:	
*Email:		
(Your email address will be use	to send an RO acknowledgment)	
Circle One: Visa / Amex / Master A Zebra representative will review will send you a quote with the RO	nformation: Card v your warranty or ZebraCare coverage. If your unit is not cove acknowledgement. A method of payment is required before reprint information at repair@zebra.com or fax us at 847-821-1797.	
Shipping Address (if differen	ent than address above)	
Company:		
City:	State:	
Province/County:	Postal Code:	

Printer Information
Shipping Account Number:
Method of Return Shipment:
Additional Information (Zebra ships best method ground. If other is needed please specify.)

	*Model/Part Number	*Serial Number	Reference Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

	*Problem Description	Has the unit been in before regarding the same problem? (Y/N)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		