



Equipment Repair Form

DATE

Submit this form with equipment to APS only. Do not send this form separately.

Return Shipping Address

NAME

COMPANY

STREET ADDRESS (No P.O. Box)

CITY / STATE / ZIP

E-MAIL

WORK/DAY PHONE NUMBER

CELL PHONE NUMBER

Billing Address (if different)

NAME

COMPANY

ADDRESS

CITY / STATE / ZIP

E-MAIL

FAX NUMBER

Billing Information (optional) Please contact me for billing

Please include the card billing address above

CARD NUMBER

CARD EXPIRATION

Master Card Visa Amex Discover

Nikon Warranty
(Attach form and copy of sales receipt)

CARD VERIFICATION CODE

APS Repair Warranty
Has this equipment been serviced by APS
Within the last 180 days?

Signature

PURCHASE ORDER NUMBER

SERVICE ORDER NUMBER

Please describe the problem:

| | |
|---------|------------|
| PROBLEM | MODEL NO. |
| | SERIAL NO. |
| PROBLEM | MODEL NO. |
| | SERIAL NO. |
| PROBLEM | MODEL NO. |
| | SERIAL NO. |

Send this form with equipment to:

AUTHORIZED PHOTO SERVICE
8125 River Dr. Suite #100
Morton Grove IL, 60053 USA
<http://www.nikoncamerarepair.com>

Phone: (800) 406-2046
Fax: (847) 966-4101