

Repair and Service Center

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Repair and Service Authorization Form

Your PO Number*	Date Shipped	Date Shipped*Cr		edit Card Information*	
Service Orders WILL NOT be Please enclose your PO or this	orization	Type: Card No			
Billing Address*: (address on Credit Card) Contact:		Your Shipping Address*: Tag or Mark: Freight Method*:			
Phone*:	Fax:	en	nail:		
Part Number	Description	Description Quantity Brand			
Requested Repair Ser	Your Service m, if any: vice*: Express:	Standard			
Authorized by*:*Required information					
 Remove all fitti Properly packag Enclose this continuous Send unit to: Annual 	and gas from Accumulator. Do ngs not originally supplied by ge unit. Protect end fittings. mpleted form with the unit. ccumulators, Inc. Attn: Rep. 75 Brittmoore Rd. Houston, TX GHT PREPAID. (Sorry, no fit	not ship waccumulate	vith any presor manufacture cervice Center 0003	rer.	