Clear-Com®			<u>CLEAR-COM</u> <u>REPAIR INFORMATION FORM (RIF)</u>		
AN HME COMPANY 1301 Marina Village Parkway Suite 105 Alameda CA 94501 Tel. No: 1-510-337-6600 ext 2 then 3		Eclipse*	RA #:		
			Repeat Repair:	YES	NO
			Note: Please provide the previous RA number if unit (s) was recently repaired.		
Customer Info:	Billing Address	Shipping Address (If Different)	Warranty Repair:	YES	NO
Company Name:			If Yes, please provide:		
Address 1:			Ext Warranty Purchased from:		
Address 2:			P.O. Number:		
City:			Order Number:		
State, Zip Code:			Extended Warranty #:		
Country:			Software Version:		
Contact Person:			Frequency (wireless products):		
Phone No:					
Email:					
Clear-Com Items Included for repair:					
Product(s):	Serial number:	Description of Problem:			
Please List any Accessories returned with this Product:					
Method of Payment for non-warranty repairs:			Return Shipping Information:	Account Number:	
Purchase Order #:		UPS	FedEx	Other	
Credit Card payment:	Please call us with Credit Card details at 1-510-337-6600		NOTE: We no longer accept credit card information via email or fax.		

RIF CC Service v7a - 170601.xls