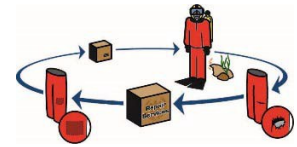




Repair Request Form

DRI Technical Repair Center
ATTN: Jerry
6868 Hillcrest Court
Indianapolis, IN 46227
www.diverescueintl.com
repairs@diverescueintl.com



Please contact us before sending any repair items to Dive Rescue International. Some repairs may need to be sent direct to the manufacturer.

Contact Information:

Department/Company Name: _____
Contact Repair: _____
Shipping Address: _____
Phone: (____) _____ Email: _____

Check here to request a cost estimate prior to any repairs being performed.

Billing Information:

Department/Company Name: _____
Billing Contact Person: _____
Billing Address: _____
Phone: (____) _____ Email: _____

Please bill my department

Using a PO number for Payment PO#: _____

Using a Credit Card for Payment

Card Number: _____ Expiration: _____ SC: _____

*Please be sure the billing address above is the correct address for this card.

*We will run the card when the repair is shipped back.

Check here to request a phone call prior to the card being charged.

Serial Numbers, Manufacturer, and Size of Items for Repair:

Interspiro Mask: _____
Communication Equipment: _____
Dry Suit: _____
Regulator: _____
Other: _____

Requested Repairs (if known):

Additional Notes for Repair Tech:

Received: _____ Initials: _____ Shipped: _____ Initials: _____