

Justin Systems, Inc.
Inventory, POS, Data Capture Solutions
7608 West Highway 71, Suite C
Austin, Texas 78735
P-512-327-7300
F-512-328-4626

Repair Tag

Date: _____

SENDERS INFORMATION

Company: _____ PO#: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____ Fax: _____ Email: _____

RETURN ADDRESS: (Please complete below only if different from sender's information)

Company: _____ PO#: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____ Fax: _____ Email: _____

PRODUCT FAILURE DESCRIPTION: (Please check the option which best describes the failure that you are experiencing)

Model Number (See Device): _____ Serial Number (See Device): _____

<input type="checkbox"/> BATTERY PROBLEM	<input type="checkbox"/> DAMAGE PROBLEM	<input type="checkbox"/> KEYBOARD PROBLEM	<input type="checkbox"/> POWER PROBLEM
<input type="checkbox"/> Backup	<input type="checkbox"/> Antenna	<input type="checkbox"/> Keys Not Functional	<input type="checkbox"/> Intermittent
<input type="checkbox"/> Damage	<input type="checkbox"/> By Water	<input type="checkbox"/> Missing Keys	<input type="checkbox"/> Won't Power Up
<input type="checkbox"/> Drain Problem	<input type="checkbox"/> Case/Housing	<input type="checkbox"/> Overlay	<input type="checkbox"/> RESET PROBLEM
<input type="checkbox"/> Heating Up	<input type="checkbox"/> Handle	<input type="checkbox"/> Sticking Keys	<input type="checkbox"/> Won't Reset
<input type="checkbox"/> Won't Charge	<input type="checkbox"/> Internal Loose Parts	<input type="checkbox"/> Worn Keys	<input type="checkbox"/> Intermittent
<input type="checkbox"/> Won't Hold Charge	<input type="checkbox"/> Trigger		
	<input type="checkbox"/> Window Lens	<input type="checkbox"/> LASER PROBLEM	<input type="checkbox"/> SOFTWARE PROBLM
		<input type="checkbox"/> Alignment	<input type="checkbox"/> Configuration Issues
<input type="checkbox"/> CABLE PROBLEM	<input type="checkbox"/> DISPLAY PROBLEM	<input type="checkbox"/> Intermittent	<input type="checkbox"/> Does Not Load
<input type="checkbox"/> Connector	<input type="checkbox"/> Cracked	<input type="checkbox"/> No Beam/Faint Beam	<input type="checkbox"/> Error
<input type="checkbox"/> Cut/Pinched	<input type="checkbox"/> Does Not Display	<input type="checkbox"/> No Decode	
<input type="checkbox"/> Intermittent	<input type="checkbox"/> Faint/Contrast		
<input type="checkbox"/> Loose	<input type="checkbox"/> Lines	<input type="checkbox"/> LOCKUP PROBLEM	<input type="checkbox"/> SYSTEM PROBLEM
<input type="checkbox"/> CHARGER PROBLEM		<input type="checkbox"/> PRINTER PROBLEM	<input type="checkbox"/> Crashes
		<input type="checkbox"/> Cable	<input type="checkbox"/> Error
<input type="checkbox"/> COMMUNICATION PROBLEM		<input type="checkbox"/> Print head	<input type="checkbox"/> ERROR RECEIVED
<input type="checkbox"/> Interface		<input type="checkbox"/> Printing Quality	<input type="checkbox"/> Message _____
<input type="checkbox"/> Intermittent		<input type="checkbox"/> Take-up Spool	
<input type="checkbox"/> Modem		<input type="checkbox"/> TONE-BEEPER-SPEAKER	<input type="checkbox"/> WAND PROBLEM
<input type="checkbox"/> Optical			
<input type="checkbox"/> PCMCIA			
<input type="checkbox"/> Printer			
<input type="checkbox"/> Range/Coverage			
<input type="checkbox"/> RF/Radio			

Please provide any additional detail regarding your failure:
