



Communications Repair Form

Please make copies and use one form per radio
Please send all repairs to:
Enlight Communications Attn: Service Dept., 10111 NW. 53rd Street Sunrise, Florida 33351

Radio manufacture: _____
Radio model number: _____
Radio serial number: _____

Accessories included with radio: (check all that apply)

- | | | | |
|----------------------------------|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Battery | <input type="checkbox"/> Belt Clip | <input type="checkbox"/> Microphone | <input type="checkbox"/> Carrying Case |
| <input type="checkbox"/> Antenna | <input type="checkbox"/> Charger | <input type="checkbox"/> Headset | <input type="checkbox"/> Other _____ |

Description of radio problem: (check all that apply)

- | | | | |
|--------------------------------------|--|--|--|
| <input type="checkbox"/> No Transmit | <input type="checkbox"/> Poor Transmit | <input type="checkbox"/> Dead | <input type="checkbox"/> Liquid Damage |
| <input type="checkbox"/> No Receive | <input type="checkbox"/> Poor Receive | <input type="checkbox"/> Physical Damage | <input type="checkbox"/> Other _____ |

Additional comments:

Party responsible for radio equipment:

Company

Contact

Phone #

Ship Address

Ship Address

Payment Information

(Please check one and fill out)

- | | |
|-------------------------------------|-------------------------------|
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> Visa |
| <input type="checkbox"/> Discover | <input type="checkbox"/> AMEX |

Card Number _____

Expiration Date _____

Card billing zip code _____

Your Signature _____

Please print name

Check enclosed:

Amount of check \$ _____

Enlight billing account number:

PO

Number _____

1-800-714-0117

Enlight Communications, Inc. 10111 NW. 53rd Street Sunrise, Florida 33351

City, State, Zip

1-800-714-0117

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