



DATE: _____

P.O.# _____

Repair Order Form

Company: _____
 Contact Name: _____
 Address: _____
 City: _____ State: ____ Zip: _____
 Phone: _____
 Fax: _____

SHIP TO: Ambassador Tech Services
 676 Bonded Parkway, Ste D
 Streamwood, IL 60107

800-344-4722
 Fax: 630-540-9984
 Tech Assist: 630-540-9999
 Web: www.atsrepair.com

LINE#	QTY	PART NUMBER	DESCRIPTION	ERROR CODE/ PROBLEM
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

DESIRED METHOD OF PAYMENT (select one):

Credit Card Number: _____ Exp: _____ Zip: _____

COD:

Net Terms (choose one): Net 10

Net 15

Net 30

Please Call to Request Credit Application

COMMENTS:

SIGNED: _____