

RADIO REPAIR FORM

**FILL OUT AND SEND IN WITH RADIO
PLEASE PRINT**

DATE ___/___/___

NAME _____

ADDRESS _____

CITY, STATE, ZIP, _____

PHONE NUMBER _____

EMAIL _____@_____

PROBLEM WITH UNIT _____

PART NUMBER _____

VEHICLE MAKE _____

MODEL _____

YEAR _____

UNIT IS IN FOR: REPAIR___ **EXCHANGE**___ **(CHECK ONE)**

**MAKE SURE UNIT IS WELL PACKED WITH INSURANCE FOR ALL
SHIPPEMENTS FOR REPLACEMENT COST**

**SHIP TO
S.P.L. ELECTRONIC
1539 NAPPIER RD
SAINT CLAIR, MO 63077**