

SUZO HAPP

Provider of  MIDWAY Parts & Service

REPAIR & RETURN REQUEST FORM

PO# _____ **Date** _____

Bill To _____ **Ship To** _____

Shipping Method _____

Contact Person _____

Contact Phone _____

Contact Fax _____

Game	Parts to be repaired	Serial#

Please Note: ONLY ONE GAME PER REQUEST

Problem / Symptoms _____

*** NOTE: Cables of ANY kind and brackets must NOT be sent in!
These small parts can potentially get misplaced.**

WE ARE NOT RESPONSIBLE FOR THESE BRACKETS AND CABLES IF THEY ARE SENT IN.

Method of Payment: Visa Master Card American Express Terms C.O.D.

Card #: _____ **Exp.** ____ / ____ **Security Code:** _____

Name on Card _____

Credit Card Billing Address _____

All information should be completed in order to assure a timely process

SUZO-HAPP GROUP
1743 Linneman Rd
Mount Prospect, IL 60056

RMA # _____

Ship To: