



**Guideline Geo Repair Authorization Form**  
**THIS FORM MUST BE PACKED WITH EQUIPMENT**

**Guideline Geo, Inc.**  
**1270 Drop Off Drive, Unit B**  
**Summerville SC 29486**  
Office: 843-606-9923

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- ~ &)'<UbX]b[ ': YY'cb'U''CfXYfg'
- 5''cfXYfg'a i ghVYUWwta dUb]YX'VmUWYX]hVWUX'authorization form or Purchase Order

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Date \_\_\_/\_\_\_/\_\_\_ Customer Name: \_\_\_\_\_

- \_\_\_\_ Need Detailed Estimate
- \_\_\_\_ Call First
- \_\_\_\_ Already Spoken with Tech

Distributor \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Return Shipping Must Be Specified:**  
Your equipment will be returned via UPS unless specified. Please indicate your preferred method:

Shipping Address:

1 Day \_\_\_ 2 Day \_\_\_ Ground \_\_\_

Street \_\_\_\_\_

UPS Account # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date Equipment Received: \_\_\_\_\_ Date Equipment Returned: \_\_\_\_\_ EOD \_\_\_\_\_

**Equipment To Be Repaired:**

SN: \_\_\_\_\_ Model: \_\_\_\_\_ Version: \_\_\_\_\_ Description of Problem: \_\_\_\_\_

SN: \_\_\_\_\_ Model: \_\_\_\_\_ Version: \_\_\_\_\_ Description of Problem: \_\_\_\_\_

SN: \_\_\_\_\_ Model: \_\_\_\_\_ Version: \_\_\_\_\_ Description of Problem: \_\_\_\_\_

**Repair Information (Internal Only):**

Labor Hours: \_\_\_\_\_ HR \_\_\_/\_\_\_/\_\_\_

**Parts Required for Repair:**

Quantity \_\_\_\_\_ Part Number \_\_\_\_\_ Description \_\_\_\_\_

Quantity \_\_\_\_\_ Part Number \_\_\_\_\_ Description \_\_\_\_\_

Quantity \_\_\_\_\_ Part Number \_\_\_\_\_ Description \_\_\_\_\_

Quantity \_\_\_\_\_ Part Number \_\_\_\_\_ Description \_\_\_\_\_

Repair Notes: \_\_\_\_\_

**GUIDELINE GEO IS NOT RESPONSIBLE FOR EQUIPMENT DAMAGED IN SHIPPING**