

# United Communications Corp

## Pager Repair Form

DATE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

COMPANY: \_\_\_\_\_ CUSTOMER #: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

SHIP TO ADDRESS: \_\_\_\_\_

Please provide all the below information you can.

PAGER MODEL: \_\_\_\_\_ PASSWORD: \_\_\_\_\_ Ship Via: \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_ BAUD RATE: \_\_\_\_\_ 2 Day \_\_\_\_\_

CAP CODE: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_ Overnight \_\_\_\_\_  
FedEx \_\_\_\_\_

### FAILURE/PROBLEM:

- |  |                                       |                                   |
|--|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> AUDIO           | <input type="checkbox"/> DISABLED     | <input type="checkbox"/> RESET    |
| <input type="checkbox"/> BATTERY         | <input type="checkbox"/> INTERMITTENT | <input type="checkbox"/> VIBRATOR |
| <input type="checkbox"/> DEAD            | <input type="checkbox"/> HOUSING      | <input type="checkbox"/> VOLUME   |
| <input type="checkbox"/> POOR RANGE      | <input type="checkbox"/> LIGHT        | <input type="checkbox"/> FALSING  |
| <input type="checkbox"/> DISPLAY         | <input type="checkbox"/> SWITCH       | <input type="checkbox"/> SQUELCH  |
| <input type="checkbox"/> CHECK OPERATION | <input type="checkbox"/> NO PAGE      | <input type="checkbox"/> OTHER:   |

Cosmetic Instruction: \_\_\_\_\_ Shelf Ready condition:  YES  NO  
Case Condition:  New/aftermarket  New/OEM  Used

COMMENTS/REQUESTS: \_\_\_\_\_

Be as specific as possible with pager problem. The more information provided the better the repair will be.

PLEASE ATTACHED ONE FORM PER PAGER

MAIL PAGERS TO: UNITED COMMUNICATIONS CORP  
ATTN: REPAIR DEPARTMENT  
62 JASON COURT  
ST. CHARLES, MO 63304

CALL WITH ANY QUESTIONS: **888-763-7550 EXT 113**