

**OLYMPUS PRODUCT REPAIR SUBMISSION FORM**

MAIL YOUR PRODUCT TO:  
**Trinitek Electronics Inc**  
3105 Unity Drive, Unit 20,  
Mississauga, Ontario L5L 4L3

Customer Name:

\_\_\_\_\_

Shipping Address:

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ PROVENCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

Telephone (Daytime): \_\_\_\_\_ E-Mail: \_\_\_\_\_

**PRODUCT BEING RETURNED FOR REPAIR**

Model Name: \_\_\_\_\_ Serial Number\*: \_\_\_\_\_

\*The serial number for a voice recorder is found in the battery compartment or the tape compartment.

Reason for submission or symptoms occurring: \_\_\_\_\_

\_\_\_\_\_

Accessories or other items included with product: \_\_\_\_\_

Warranty Repair: Copies of the required sales or gift receipt and the warranty card are attached:

YES \_\_\_\_\_

PRE-APPROVED PAYMENT OPTION: Prepaid repair authorization will expedite the repair of your product. Should you prefer, we will mail you a repair letter with the total cost once the unit has been received and evaluated. No work will be done without your payment and approval.

(1) Pre-approved Cost Of Repair: \$ \_\_\_\_\_

(2)Your Local Sales Tax Rate: \_\_\_\_\_%

Total Repair Cost (lines 1+2): \$ \_\_\_\_\_

Personnel checks should be made out to **Olympus Imaging America Inc.** Check Attached \_\_\_\_\_.

Credit Card: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I authorize Olympus to charge my credit card for the Total Repair Cost.

Signature Approval: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Products left in our possession without any communication from you will be considered abandoned after 90 days. After 90 days we reserve the right to discard abandoned products without any form of compensation.

Products received without identification or contact information will be listed as Unclaimed. We will hold Unclaimed product for 90 days. After 90 days we reserve the right to discard Unclaimed products without any form of compensation.

End Form ++++++