

ELECTRONIC CALCULATOR SERVICE REQUEST CARD

When requesting service, please complete this form and return it with your calculator.

Owner _____

Street _____

City _____

State _____ Zip _____

Date of Purchase _____

Serial Number _____

_____ Failed after _____ days' operation. _____

Please describe difficulty _____

Note: Enclose Bill of Sale, Cash Register receipt or reasonable facsimile when you send your calculator in for service.