



GAMING, AMUSEMENT AND INDUSTRIAL COMPONENTS
Sales, Service, Technical Support
SERVICE REQUEST FORM



RMA #: _____

Contact Information:

Company: _____
Address: _____
Contact Name: _____
Phone Number: _____
Fax Number: _____
Date: _____
E-mail address: _____

- 1. Complete all contact information and service information and fax to (702) 597-5360
2. Suzo-Happ Group will assign RMA # and fax back.
3. Clearly mark each box being shipped with the assigned RMA #.
4. Units damaged during shipping or by improper packaging will void warranty.

[] Cashflow [] Cassettes [] Chassis [] ZT1202 Pulse [] ZT1202 Netplex [] ZT1204 [] ZT1207 [] Other

Model/Part #: _____ Serial #: _____
Description of Problem: _____

[] Cashflow [] Cassettes [] Chassis [] ZT1202 Pulse [] ZT1202 Netplex [] ZT1204 [] ZT1207 [] Other

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Model/Part #: _____ Serial #: _____
Description of Problem: _____

Ship to:

Suzo-Happ Group
Advanced Electronic Systems Inc
2015 Helm Dr.
Las Vegas, NV 89119

Please direct all questions to Marilyn
Phone: (702) 597-4840 Toll free 1-866-736-2374
Fax: (702) 597-5360
E-mail: service@suzohapp.com

