



Repair Order (RO) Form

Contact Information

Please note the following:

- If your unit is not under manufacturers warranty or under a ZebraCare service agreement a method of payment is required before repairs can begin.
- All fields marked with an * are required fields.

*First Name: _____ *Last Name: _____

*Company Name: _____

*Country: _____

*Address: _____

*City: _____ *State: _____

Province/County: _____ * Postal Code: _____

*Phone Number: _____ Fax Number: _____

Email Address: _____

(Your email address will be use to send an RO acknowledgment)

Purchase Order/Credit Card Information: _____

A Zebra representative will review your warranty or ZebraCare coverage. If your unit is not covered we will send you a quote with the RO acknowledgement. A method of payment is required before repairs can begin. You can email us your information at repair@zebra.com or Fax us at +1 847 821.1797.

Shipping Address (if different than address above)

Shipping Address: _____

Attention: _____

Country: _____

City: _____ State: _____

Province/County: _____ Postal Code: _____

Phone Number: _____

Zebra Technologies Corporation

333 Corporate Woods Parkway » Vernon Hills, IL 60061-3109 USA T+1 847 634 6700 F+1 847 913 8766 www.zebra.com



Additional Information (Zebra ships best method ground. If other is needed please specify.)

Method of Return Shipment: _____

Your Shipping Account Number: _____

Printer Information

	*Model/Part Number	Serial Number	Customer Reference Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

	Problem Description	Has the unit been in before regarding the same problem? (Y/N)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		