

Mosquito Magnet

Service Request Form

Out of warranty repair

Date: _____
Phone Number: () -

Company Name: _____
Your Name: _____
Email Address: _____

Return Shipping Address:
Address: _____
City: _____
State: _____
Zip Code: _____

Billing Address: *if different than above*
Address: _____
City: _____
State: _____
Zip Code: _____

Please indicate what problems you are having with the machine

If the unit runs, how long does it run before shutting down?

I am sending a:
 Defender Liberty Liberty Plus, Independence, Executive
With serial # _____

If you have a Pro unit please call before sending the unit in.

I agree to the associated diagnostic charges of:
**\$69 per Defender, \$79 per Liberty,
\$109 per Liberty Plus, Executive, or Independence**

Signature: _____ I agree to the associated charges

I elect to immediately authorize up to:
 \$25 \$75 \$125 \$200
In additional repair charges if applicable, if you do not authorize any additional charges we will call you at the phone number you provided with a repair estimate. For faster service please authorize some monetary amount.

EMERGENCY SERVICE \$50.00 ADDITIONAL (1-2 Day Turnaround)
YOU MUST WRITE EMERGENCY ON ALL FOUR SIDES OF THE BOX

Visa, MasterCard, AMEX accepted (You can call card # in also)
Credit Card Number: _____ **Exp Date** [] / []
CVC Code, last three digits on back of card _____

Please send this repair form along with your power head to:
Mosquito-Trap-Depot.com
6919 W School Street - PO Box 816
Three Lakes, WI 54562
877-409-1618