



Information Station Specialists

Repair Order

Date _____ RMA _____

Include this completed questionnaire in the package with the product and ship to . . .

**Information Station Specialists
3368 88th Ave, Zeeland, MI 49464**

CONTACT INFO

Person _____
Agency _____
Address _____
City _____
State _____
Zip _____
Email _____
Phone _____
Fax _____
Hours/Timezone Reachable _____

SHIP TO (complete if different than Contact Info on left)

Person _____
Agency _____
Address _____
City _____
State _____
Zip _____
Email _____
Phone _____

ESTIMATE (no charge is accrued for evaluation)

- Call with Estimate before Repairing
- Proceed with Repair if Cost Is Under \$350

Equipment

Unit Is Less than One Year Old

- Yes
- No
- Not Sure

Unit Type _____

Serial No. _____

Problem _____

PAYMENT

- Invoice Me at the Following Address

Name _____
Address _____
City, State, Zip _____

- Charge to My Credit Card (Visa/MasterCard only)

Number _____
3-Digit Code _____
Expiration Date _____

- Send Credit Card Receipt to . . .

Name _____
Address _____
City, State, Zip _____

Purchase Order Number Associated w/Repair

For Internal ISS Use Only

Date Received	
Parts	
Manufacturer Repair Cost	
Freight	
Labor	
Tax	
Total	

Repairs

Information Station Specialists, Inc.

PO Box 51, Zeeland, MI 49464-0051- 616.772.2300 - Fax 616.772.2966 - iss@theRADIOsource.com - www.theRADIOsource.com



State Tax Information Form

Provide us by fax or email at time of order

Today's Date: _____

Contact Person: _____

Job Title: _____

Organization: _____

Address: _____

City/State/Zip: _____

County: _____

Phone & Fax: _____

Email: _____

Federal ID Number (9-digit EIN/TIN): _____

Although this form, if completed online, it cannot be saved digitally intact unless you have Adobe Acrobat Pro software; but you can print and fax it or email it intact by clicking the below "Submit by Email."

<p><u>For Internal Use Only</u></p> <p>State Tax Code ___ - ___ - ___ - ___</p>

Classification

If you are a government agency, indicate the classification.

- Federal State County City/Town Township Village Tribe Authority District Foreign

Or, if you are a non-government agency, indicate the classification.

- Private Corporation, Partnership or Sole Proprietor Non-Profit Entity Individual Purchaser

Purchase

Purchase consists of . . .

- Equipment/Equipment & Related Services Rental of Equipment & Related Services Services Only

If Taxable Sale

Based on our company's relationship with your state, we may/may not collect state tax. **If, under the laws of your state, purchases from us are taxable, indicate the sales tax rate that applies and any local tax code numbers.**

Tax Rate % _____ Local Tax Code Applicable _____

- Or, the sale is taxable BUT you are paying "Use Tax" directly to your state instead of sales tax to us.**
(A "DIRECT PAY" certificate from your state must be attached.)

If not a Taxable Sale

Select the reason state tax does not apply and provide requested numbers and documents.

- You are a federal agency.
- Your state has no state sales tax.
- Sales of services only are not taxed under your state's laws.
- Sales of services performed out of state are not taxed under state laws.
- Your agency or entity is tax-exempt. Your tax-exempt number is _____
- This purchase is for resale or industrial processing.

Your resale certificate number is _____ Attach certificate.

Your industrial processing number is _____ Attach certificate.