

Service Request Form



Company Name _____

Contact Name _____

Phone Number _____ Email _____

Return Shipping Address _____

Equipment Make and Model _____

Equipment Serial Number _____

Description of Problem _____

Please ship equipment with this form to:

**IR Incorporated
512 18th Street
Orlando, FL 32805**

Phone - 407-423-7882 Fax – 407-425-1549 survey@irincorporated.com