



REPAIR REQUEST FORM

CUSTOMER INFORMATION

Date	
Customer Name	
Customer Street Address	
Customer City/State/ZIP	
Customer Telephone No	
Customer Email Address *	

PRODUCT INFORMATION

Product Model	
Serial No	
Purchase Date	
Purchase new or "like-new"	
Where did you purchase product?	
Is product in Warranty period? **	
If yes, copy of Receipt enclosed?	
If no, payment (check) enclosed? ***	
Credit Card Number	
Expiration date & verification code	
Name on Credit Card	
Please explain issues	

****Most new Uniden products carry a one year manufacturer's warranty from the date of purchase. See your warranty documents included with the product for more details.**

COPY OF PROOF OF PURCHASE MUST BE INCLUDED FOR WARRANTY REPAIR OR CHARGES WILL BE APPLIED

***** Repair rate can be found on <https://repair.uniden.com/rates.cfm>**

Please Mail Product with this Request form to:

**Uniden America: Repair Department
301 International Pkwy., Suite 460
Flower Mound, TX 75022**

UNIDEN INTERNAL USE