

**SHIP UNIT TO:**

Sony Service Center  
Sony Electronics Inc.  
2706 Media Center Drive; Suite 130  
Los Angeles, California 90065  
Voice: 323-352-5000  
FAX: 323-352-5039

**Please complete this form to expedite your repair**

Please read and complete all entries on this form to assist us in the repair of your unit. You will expedite your repair by determining your payment method and pre-approving the flat rate charges shown below. Proper completion of the data below will improve your turnaround time.

➔ **Upon completion of this form, please enclose it and any other paperwork with your unit and ship to the address shown above.**

Note: If your company is tax exempt, we must receive a copy of your tax-exempt certificate with the shipment, or you will be charged applicable taxes.

**Monitor Protection Express Flat Rate: \$279.00**

**Models Included: LMD-1950MD, LMD-1951MD, LMD-2450MD, LMD-2451MD, LMD-3250MD**

Flat rate includes the replacement protection panel, labor, and standard return shipment.

|  |  |              |           |
|--|--|--------------|-----------|
| MODEL # _____  |  | SERIAL _____ |           |
| COMPANY NAME _____   |  |              |           |
| ADDRESS _____  |  |              |           |
| CITY _____   |  | STATE _____  | ZIP _____ |
| <b>PAYMENT METHOD</b> (Please check one):                                      |  |              |           |
| <input type="checkbox"/> BILL MY SONY ACCOUNT # _____                          |  |              |           |
| <input type="checkbox"/> CHARGE MY VISA, AMEX, OR MASTERCARD # _____ EXP _____ |  |              |           |
| NAME (as it appears on your account or credit card) _____                      |  |              |           |

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. THIS REPAIR IS **PRE-APPROVED** UP TO THE ABOVE FLAT RATE AMOUNT. IF AN ESTIMATE IS PROVIDED DUE TO THE CONDITION OF THE UNIT THAT WOULD INVALIDATE THE FLAT RATE OFFER, A MINIMUM (\$130 + S/H) WILL BE CHARGED IF THE REPAIR ESTIMATE IS REFUSED.

PLEASE PRINT YOUR NAME (as it appears on your Sony account or credit card) \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_