

Westcom Wireless

Repair Service Agreement

Contact Name: _____
Organization Name: _____
Return Address: _____

Cell Number: _____
Secondary Number: _____
Email Address: _____

Please indicate the number of each item you are sending in.

X12 AIO DM ____	HS-45 DM ____	Belt Pack ____	Atlas Pro DM ____	Atlas LM ____
X12 AIO SM ____	HS-45 SM ____	LoudMouth ____	Atlas Pro SM ____	Atlas XMR ____
	HS-35 ____	XMR ____	Atlas Air ____	
			Atlas Max ____	

Please explain what needs to be repaired on each item. _____

Billing Method: Purchase Order ☐ Check ☐ Credit Card ☐

Ship-to Address: Westcom Wireless/Service Department
2773 Leechburg Road, Lower Burrell, PA 15068

By signing below, you are authorizing Westcom Wireless to perform repair service on our headset system. No charges will be incurred without prior correspondence between Westcom and the point of contact above. You acknowledge that following our diagnostics, you will be contacted regarding repair logistics and pricing.

Authorized Signature: _____

Date: _____

PROCOM HEADSETS