



Date: \_\_\_\_\_

Company name: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: 800-624-6374

Fax: 570-451-7491

Below is the information required to file your labor claim: If any information is missing, your claim could be denied.

1. Golden's authorization # for the repair (usually starts with SO) \_\_\_\_\_  
(mandatory)
2. Preauthorized labor amount \$ \_\_\_\_\_
3. The Customer's date of purchase \_\_\_\_\_
4. End user's name \_\_\_\_\_
5. Serial number of product being repaired \_\_\_\_\_  
(mandatory)
6. Description of repair \_\_\_\_\_  
\_\_\_\_\_
7. How you would like your payments: Account credit or check (circle one).

**EMAIL THIS REQUEST TO: [CREDIT@GOLDENTECH.COM](mailto:CREDIT@GOLDENTECH.COM) Or you can fax it to 570-451-7491**

All labor requests will be processed within 7-10 business days.

Thank you!