



Information Station Specialists

Repair Order

Date _____ RMA _____

Include this completed questionnaire in the package with the product and ship to . . .

Information Station Specialists

3368 88th Ave, Zeeland, MI 49464

CONTACT INFO

Person _____
Agency _____
Address _____
City _____
State _____
Zip _____
Email _____
Phone _____
Fax _____
Hours/Timezone Reachable _____

SHIP TO (complete if different than Contact Info on left)

Person _____
Agency _____
Address _____
City _____
State _____
Zip _____
Email _____
Phone _____

ESTIMATE (no charge is accrued for evaluation)

- ☐ Call with Estimate before Repairing
☐ Proceed with Repair if Cost Is Under \$350

Equipment

Unit Is Less than One Year Old

☐ Yes ☐ No ☐ Not Sure

Unit Type _____

Serial No. _____

Problem _____

PAYMENT

☐ Invoice Me at the Following Address

Name _____
Address _____
City, State, Zip _____

☐ Charge to My Credit Card (Visa/MasterCard only)

Number _____
3-Digit Code _____
Expiration Date _____

☐ Send Credit Card Receipt to . . .

Name _____
Address _____
City, State, Zip _____

Purchase Order Number Associated w/Repair

For Internal ISS Use Only

Date Received	
Parts	
Manufacturer Repair Cost	
Freight	
Labor	
Tax	
Total	

Repairs

Information Station Specialists, Inc.

PO Box 51, Zeeland, MI 49464-0051 - 616.772.2300 - info@theRADIOsource.com - www.theRADIOsource.com

State Tax Information Form

Provide us by email or USPS at time of order

Today's Date:

Contact Person:

Job Title:

Organization:

Address:

City/State/Zip:

County:

Phone & Fax:

Email:

Federal ID Number (9-digit EIN/TIN):

Although this form, if completed online, it cannot be saved digitally intact unless you have Adobe Acrobat Pro software; but you can print and mail it via USPS or email it intact by clicking the below "Submit by Email".

For Internal Use Only

State Tax Code ____ - ____ - ____ - ____

Classification

If you are a government agency, indicate the classification.

☐ Federal ☐ State ☐ County ☐ City/Town ☐ Township ☐ Village ☐ Tribe ☐ Authority ☐ District ☐ Foreign

Or, if you are a non-government agency, indicate the classification.

☐ Private Corporation, Partnership or Sole Proprietor ☐ Non-Profit Entity ☐ Individual Purchaser

Purchase

Purchase consists of . . .

☐ Equipment/Equipment & Related Services ☐ Rental of Equipment & Related Services ☐ Services Only

If Taxable Sale

Based on our company's relationship with your state, we may/may not collect state tax. **If, under the laws of your state, purchases from us are taxable, indicate the sales tax rate that applies and any local tax code numbers.**

Tax Rate % _____ Local Tax Code Applicable _____

☐ **Or, the sale is taxable BUT you are paying "Use Tax" directly to your state instead of sales tax to us.**
(A "DIRECT PAY" certificate from your state must be attached.)

If not a Taxable Sale

Select the reason state tax does not apply and provide requested numbers and documents.

- ☐ You are a federal agency.
- ☐ Your state has no state sales tax.
- ☐ Sales of services only are not taxed under your state's laws.
- ☐ Sales of services performed out of state are not taxed under state laws.
- ☐ Your agency or entity is tax-exempt. Your tax-exempt number is _____
- ☐ This purchase is for resale or industrial processing.

Your resale certificate number is _____ Attach certificate.

Your industrial processing number is _____ Attach certificate.