



Business Hours: 10AM to 5PM
 Monday through Friday
 Ph: (450) 449-9094 Fx: (450) 449-3497
 www.icare-rc.com

Service Request Form

Ship Product To: ICARE / IKARUS
 381, Joseph-Huet
 Boucherville
 Québec, J4B 2C5, Canada

1. CUSTOMER INFORMATION (Please Print)

NAME _____

STREET NAME _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____

E-Mail Address (Important) _____

2. SHIP TO INFORMATION (IF DIFFERENT FROM CUSTOMER INFO)

NAME _____

BUSINESS NAME (IF APPLICABLE) _____

STREET NAME _____

CITY _____ STATE _____ ZIP CODE _____

COUNTRY _____

3. RETURNED PRODUCT INFORMATION NOTE: PLEASE BE EXACT WHEN LISTING PRODUCT BEING RETURNED

Model Name(s) or Part Number	Quantity	Model Name(s) or Part Number	Quantity

4. DESCRIPTION OF PROBLEM(S) Give detailed description of setup used for electric problems, like motor type, esc batteries , cable type and length, type of connectors, how exactly the problem occurred, the more information you give the easiest it will be to fix the problem

5. PURCHASE INFORMATION

PURCHASE DATE: (MM/DD/YY): _____/_____/_____ (best supply copy of invoice)

WHERE PURCHASED: _____

Be sure to provide a copy of your receipt for all warranty repairs. If one is not provided, product warranty is left to the manufacturer's discretion. If any cost is involved to repair your device, we will provide you with a quote by email. IMPORTANT: for shipment from outside Canada, do not shipback via UPS, priority mail USPS is preferred method.

6. SIGNATURE

DATE:
