



Degaussing Service Instructions

Ship your order to:
Degaussing Service
Garner Products
10620 Industrial Ave. Suite 100
Roseville CA 95678

Garner Products' Degaussing Service is a prepaid service; therefore we must have either a credit card on file or payment in advance by Company Check. We do not accept personal checks. **MINIMUM ORDER: \$30.00. Does not include transportation. Customer is responsible for transportations costs BOTH ways.**

Orders outside the U.S.A. are payable by credit card only.

Please read and complete the following information and include it with your shipment. This document becomes your order.

Service Contract Limitations:

Garner Products and Audiolab Electronics, Inc. (hereinafter "Service Provider") in no event is liable for special, indirect, incidental or consequential damages relating directly or indirectly to degaussing services provided. Because Service Provider receives magnetic media in an unknown and un-inspected condition, Service Provider makes no warranties as to the fitness and/or reusability of customer's magnetic media. Service Provider's liability, if any, is limited to the cost of the degaussing service provided to the customer.

Signature: _____

Name: _____ Daytime Phone Number _____

Email Address: _____ Quantity of tape/media _____

Number of boxes shipped: _____ Type of tapes/media _____

Address to return media: Company: _____

Attn: _____

Address: _____

City State Zip: _____

Return service by: (circle one) UPS Federal Express FedEx Ground Airborne DHL Other _____

You must include a prepared airbill if return shipment is by any carrier other than UPS.

Your account number: (for return freight charges) _____

Service level: (circle one) Ground 3 day 2nd day Next Day Standard Next Day Priority

Insure return package? No Yes, for: (enter amount) \$ _____

Method of Payment:

Company check enclosed: Check#: _____ Check Amt: \$ _____

Credit Card:

Mark this box if you want us to call you for credit card information:

OR:

Visa MC Amer Express (circle one)

Card #: _____ Exp: _____ Security Code: _____

Name as it appears on card: _____

Street number and zip code where credit card statement is mailed: _____ / _____

Call (800) 624-1903 if you have any other questions.