

SRM Service Center  
720 W. MONUMENT ST. STE 200  
COLORADO SPRINGS, CO 80904  
EMAIL: USA@SRM.DE

PHONE: (719)266-4127  
FAX: (719)266-4284  
WWW.SRM.DE



**CUSTOMER INFO:**

Customer Name / Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**SERVICE INSTRUCTIONS:**

- For ALL PowerMeter Service - Include the RIGHT (drive-side) crank arm and chainrings for most accurate calibration. (We do not need the left arm)
- For Wired SRM PowerMeters - Include the sensor cable and PowerControl IV or PowerControl V for complete testing of your SRM system.
- For PowerControl Service - Include your PowerControl and any accessories (speed pod, sensor cable, etc) that you would like to be tested.
- Clean your parts of grease, chainlube and other contaminants or your will be charged a \$20 cleaning fee.
- Package your PowerMeter and PowerControl with padding/bubble wrap to ensure protection during shipping. Please include this form in the box.
- Ship your package to the address at the top of this form.
- **! Products sent without this service form included may delay your service turnaround time !**

**REASON FOR SERVICE:** (tell us what you need or describe the issue you are experiencing with your product, if also ordering new product - list it here)

Contact me if service costs are above \$ \_\_\_\_\_ \* Please see our Service Costs at <http://www.srm.de/support/service-instructions/>

I authorize all repair costs needed to return my product back to full functionality.

Customer Signature: \_\_\_\_\_

**PAYMENT INFO:**

Billing Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CCV #: \_\_\_\_\_

Card Type (select one):  Visa  Mastercard  American Express

**OFFICE USE ONLY:**

Service Number: _____	Date Received: _____	By: _____							
(1) PowerMeter #: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Type: _____							CRs: ____/____/____	Length: _____	<input type="checkbox"/> R Arm <input type="checkbox"/> L Arm Other: _____
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