



REPAIR AUTHORIZATION FORM

If paying by check or money order please make payable to "JHS Pedals". Please fill out all info and Ship with your pedal in a well packaged box to:

JHS Pedals
12411 Grandview Road
Grandview, MO 64030

By filling out this form and sending your pedal(s) to us, you are authorizing JHS Pedals to diagnose and perform our repair procedures as found necessary. For non-warranty repairs and for repairs on non-JHS pedals, a \$35 bench fee is required and applied towards any final cost of parts and labor. No fees are required for repairs covered under the standard JHS Pedals 2 year warranty. Repairs requiring payment will not be completed without receiving payments.

RMA#: _____

Date: _____

Name: _____

Return Address: _____

Phone Number: _____

Email: _____

Repair /Issue: _____

Payment:

- Warranty Repair (Standard 2 year Warranty)
- Please contact me with info and a quote for the Repair
- I've been quoted for this repair by phone/email, please contact me when its ready

** Be sure and print clearly to insure that your order is not delayed.*

** Include payment amount.*

** If paying by cash please place it in a battery door or inside of the pedal.*