



1-888 PC DELTA

From: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 State & Zip: \_\_\_\_\_

**FRAGILE HANDLE WITH CARE RETURN POSTAGE GUARANTEED**

TO: Delta Automation, Inc.  
 ATTN: REPAIRS  
 5120 Glen Alden Drive  
 Richmond, VA. 23231

Please include the below section with your shipment to Delta Automation, Inc. Thank You!

Contact's Phone # \_\_\_\_\_ Contact'sEmail: \_\_\_\_\_

P.O. Box/Address: \_\_\_\_\_  
 \_\_\_\_\_

Description of Problem:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please Rate Our Services:

1st Time: Yes\_\_ No\_\_

If a Yes: Please rate our services on a 1-10 review; \_\_\_\_\_