

Authorized Photo Service

Nikon Authorized Service
8125 River Drive Suite 100
Morton Grove, IL 60053
U.S.A.

Phone: 847 966 4091
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Web Site: nikoncamerarepair.com

REPAIR ESTIMATE 00557481

Date: 8/12/2016
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CUSTOMER INFORMATION

Craig Anderson
8 Sedum Court
Pueblo, CO 81001

00557481

Date Received: 8/12/2016
Date Requested:
Your Reference:
Other Reference:
Account: Miscellaneous
Business Phone: 719-320-6799
Home Phone:
Mobile Phone:
Fax:
E-mail: craig@coot.net
Ship Via: Ground

ITEM INFORMATION

ACCESSORIES

Make: **Nikon AF-S DX Lens** front lens cap, rear lens cap
Model: **18-200/3.5-5.6G VR** (rear white cap)
Serial No: **3191417**
Condition: Used
Bin:

PROBLEM

*** ESTIMATE *** Does not focus. Ribbon cable is loose and visible inside the lens. Check all.

WORK TO BE DONE

Warranty on Work to Be Done: 6 Months

TYPE	CODE / PART NO.	ITEM DESCRIPTION	QUANTITY	PRICE	TOTAL
Labor	2268	replace lens FPC (flex circuit board)	1.00		
Labor	2273	replace zoom roller/guide ring	1.00		
Labor	2069	replace other/misc. elect. parts	1.00		
Labor	1262	repair zoom mechanism	1.00		
Labor	1265	repair auto focus operation	1.00		
Labor	1263	repair aperture operation	1.00		
Labor	3261	adjust focusing mechanism	1.00		
Labor	3221	adjust VR system / unit	1.00		
Labor	5264	clean lens elements	1.00		
Labor	7283	general check, adjust and clean	1.00		

ESTIMATED CHARGES

Labor: \$280.00
Shipping: \$15.00
Subtotal: \$295.00
GRAND TOTAL: \$295.00

NOTICES

Estimates are based upon initial inspection of equipment to be repaired. We reserve the right to re-estimate if additional work/parts is needed. **REPAIR WARRANTY: 6 months parts and labor, limited to parts/rework for the original problem only.** APS is not responsible for loss of flash memory. Nikon USA warranty claims must accompany service request prior to repair. Customer pays all shipping, duty and taxes. Unclaimed equipment becomes property of APS after 12 months.

ESTIMATE APPROVAL / REFUSAL

Authorized Photo Service

Customer Name: **Craig Anderson**
Our Estimate No: **00557481**
Your Reference No:

Payment Method: ☐ Cash ☐ Check
☐ Debit Card ☐ Visa
☐ MasterCard ☐ Amex
☐ Discover ☐

☐ Approved

☐ Refused

☐ Refused - Dispose

Signature: _____

Date: _____

Card No: _____

Expiry Date: _____