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SERVICE/REPAIR

CUSTOMER REFERENCE/BILLING INFORMATION

Date _____	Account# _____	PO# _____
Billing Address _____	Shipping Address _____	
_____	_____	
City _____ State _____ Zip _____	City _____	State _____ Zip _____
Phone Number _____	Fax Number _____	
Contact Name _____	Email Address _____	

ITEM DESCRIPTION

Unit: _____

Manufacturer & Model No. _____

Serial # _____

Problem(s) Reported _____

SPECIAL INSTRUCTIONS

Call With Estimate Warranty Repair Special Shipping

Comments _____

TERMS AND CONDITIONS

NET 30 DAYS FROM SHIPPING FOR APPROVED ACCOUNTS.
 Finance charge of 1.5% per month (18% per year) will be assessed on all overdue accounts.

All equipment sent in for biomedical repair will be assessed a \$75.00 evaluation fee. If the unit is repaired this fee will be applied to the total cost.
Please call for PM/CAL rates.