



EQUIPMENT REPAIR FORM

User Name:	Date:
Phone Number:	Email Address:
Company:	PO Number:

TYPE OF EQUIPMENT:	SERIAL NUMBER:	UNDER WARRANTY?	DATA BACKED UP?	UPDATE SOFTWARE?	PROBLEM DESCRIPTION:
		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	

ESTIMATE REQUIRED BEFORE REPAIR? <input type="checkbox"/> YES <input type="checkbox"/> NO
NOTE: THERE IS A MINIMUM \$115 CHARGE PER UNIT FOR ESTIMATES.
CLEAN AND CALIBRATIONS CERTIFICATE? (EXTRA \$115 CHARGE) <input type="checkbox"/> YES <input type="checkbox"/> NO

CUSTOMER SIGNATURE:	RETURN SHIPPING ADDRESS

FAILURE TO COMPLETE FORM MAY DELAY REPAIR OF EQUIPMENT