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 Chelmsford, MA. 01824
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Equipment Repair Form

Account

Contact Person

Name
 P.H. #
 Email

Description of the equipment being sent in

Type	Manufacturer	Model	Serial #

Accessories Included

Qty.	Description of any accessory included (power cord, leads, tips etc.)

Description of service problem

Loaner Equipment being provided

Type	Manufacturer	Model	Serial #

Accessories Included

QTY.	Description of any accessory included (power cord, leads, tips etc.)

Terms & Conditions:

EVALUATION: All equipment received will be tested and evaluated and Medrepair will provide the contact person a written cost proposal for service and parts. **AUTHORIZATION:** Repairs will not begin until the signed written proposal has been received (via email or fax) **COMPLETION:** Once the equipment has been serviced the contact person will receive the final invoice with a copy of the service work order. The equipment will be shipped back to the customer. **LOANER EQUIPMENT:** Loaner equipment must be returned within 10 days of completion in full working order with all accessories. A service fee will be applied for all equipment not returned within 10 days. The customer is responsible for all damages, missing items and accessories.

Customer _____ Date _____

I have read, understand and agree to the terms and conditions.