

EQUIPMENT SERVICE/REPAIR FORM

Please complete, sign and return this form back to us along with the equipment that needs to be Serviced or Repaired.

BILL TO:

Company Name: _____
Contact Name: _____
Address: _____
City, State, Zip: _____
Phone No.: _____
Fax No.: _____
E-mail Address: _____

SHIP TO:

Company Name: _____
Contact Name: _____
Address: _____
City, State, Zip: _____
Phone No.: _____
Fax No.: _____
E-mail Address: _____

EQUIPMENT INFORMATION:

Equipment Type/Make/Model: _____

Description: _____

Manufacturing Date: _____ Date of Purchase: _____

Warranty: Yes No Date of Last Service: _____

Accessories with Equipment: Case Cable(s) Battery(ies) Charger Other

Action Requested: Cleaning Calibration Adjustment Repair

Estimate Required Before Repair: Yes No

Detailed Description of Problems Experienced:

Method of Payment: Visa MasterCard Amex Check C.O.D.

Credit Card Number: _____ Expiration Date: _____ CVV: _____

Established Accounts: Net 10 Days from Invoice Date

**There is a Bench Fee for Estimate Refusals Equal to 1 Hour Labor.
Penn State Consultants, Inc. is not responsible for any lost data while unit is being serviced.**

Shipping/Drop-Off Date: _____ Print Name: _____ Signature: _____

Customer Pick-Up Date: _____ Print Name: _____ Signature: _____

To be Completed by Penn State Consultants, Inc.

Date Received: _____ Date Completed: _____ Shipping/Pick-Up Date: _____

Customer No.: _____ Account No.: _____

Work Order No.: _____ Invoice No.: _____

Comments: _____