

## www.1800Endoscope.com Repair Form

To help us better serve you, please print out this Form and fill it out completely. Please include this form with the instrument(s) when shipped.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ P.O. #: \_\_\_\_\_ (please attach a copy)

Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

Problem with the Instrument(s):

---

---

---

Misc Items in the Case: \_\_\_\_\_

■ Please Disinfect all instruments before sending for repair ■

Shipping Address: \_\_\_\_\_

Hospital/Clinic Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Billing Information: \_\_\_\_\_

Hospital/Clinic Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Person to Approve Repairs

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card No: \_\_\_\_\_ Exp Date: \_\_\_\_ / \_\_\_\_

**Ship To:** 1800Endoscope, 6220 Manatee Ave West #302 Bradenton, FL. 34209 USA