



**Repair Request Form**

**Please complete and send form with repair.**

**Company Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**How did you hear about MedRepair?**    Website    Ebay    Dotmed    Other: \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Work Order/Purchase Order #** \_\_\_\_\_

**Ship to Address:** \_\_\_\_\_

**Shipping Account Information:**

**Courier** \_\_\_\_\_ **Method** \_\_\_\_\_ **Account #** \_\_\_\_\_

**Billing Contact Person:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Repair Information**

	<b>Manufacturer</b>	<b>Model #</b>	<b>Serial #</b>	<b>Description of Issue</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				

**Please ship to: MedRepair LLC**  
**Repairs**  
**2932 Business One Drive**  
**Kalamazoo, MI 49048**