



Repair Request Form

Please complete and send form with repair.

Company Legal Name: _____

DBA: _____

Contact Person: _____

How did you hear about MedRepair? Website Ebay Dotmed Other: _____

Phone #: _____ **E-mail address:** _____

Ship to Address: _____

Shipping Account Information:

Courier _____ **Method** _____ **Account #** _____

Work Order/Purchase Order # _____

*Note: Payment Terms of Net 30 requires Pre-Approval.

Billing Information:

Company Name: _____

Contact Person: _____

Phone #: _____ **E-Mail Address:** _____

Billing Address: _____

Repair Information

	Manufacturer	Model #	Serial #	Description of Issue
1				
2				
3				
4				

Please ship to: MedRepair LLC

**Repairs
2932 Business One Drive
Kalamazoo, MI 49048**