



Service Request Form

15500 Erwin Street, Suite 2451
 Van Nuys, CA 91411
 +1 (888) 700-4222
 arthur@mobilehandpierepair.com
 www.mobilehandpierepair.com

HANDPIECE MAKE	SERIAL NUMBER	PROBLEM ENCOUNTERED	REPAIR AS REQ.	ESTIMATE REQUIRED	WARRANTY
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Dr's Name:	Contact Name:
Company:	Telephone:
Address:	Fax:
City:	Zip:
Email:	Web Address:

Payment	MasterCard	Visa	Discover	American Express	Check	Cash	COD	Online
Card #					Exp. Date			
Billing Address					CVV/CVC			
City			Zip			Name on Card		

Instructions:

1. Sterilize all handpieces to be serviced. Leave each handpiece in its sterilization bag.
2. Complete the Service Request form noting each serial no. and problems encountered. Keep a copy for your records.
3. Please provide a copy of the original invoice for any warranty claims
4. Call us if you're local (Greater Los Angeles area) for on-site service
5. Place handpiece and completed service form in a shipping box. Seal box/envelope with tape.
6. Please include a business card with your shipment
7. Place enclosed prepaid mailing label on box. *Mobile Handpiece Repair is not liable or responsible for lost shipments*
8. Would you like shipping materials with the returned repairs? **YES** or **NO**

Office Use Only			
Received	Estimate	Approved	Shipped