

Equipment Service Return Authorization

Please complete this form and return with system

CUSTOMER INFORMATION			Same as Bill to:								
Company (Bill to:) Address 1 Address 2			Company (Ship to:) Address 1 Address 2								
						City	St.	Zip	City	St.	Zip
						Contact	Email		Contact	Email	Email
Phone	Fax		Phone	Fax	Fax						
PRODUCT INFORMATIO	DN										
Make:			Approximate Age Date of Shipping Damage: Cracks: Rattling:								
Model#											
Accessories included: How Many: Serial #			Other Items included with shipment:								
Applicator											
□ Power cord □ Power supply			Beguined Betume Over	night Ind Davi	Standard ground						
☐ Flectrodes			Required Return: Over								
☐ Other			Your UPS or Fedex ac	count# for return sh	ipping: Our Acct						
CONTROL BOX O	NLY- II	D#									
Repair and return:			You will	be emailed an	RA number						
 Request Estimate: Calibration and safety test: 			upon receipt of your system								
Description of problem:	(Please be specif	fic, include error codes)	Ship your system to:								
			Chattanoo	ga Medic	al Supply						
				•							
			Equipment S								
			11608 Per	petual Dr	ive						
			Odessa, F	L 33556							
			Contact us:	-							
We will provide an emailed estimate for services, non-repaired units can be shipped back to you or scrapped at your request.			Phone: 423-870-9030								
Estimates will be valid for 60 days. Non-responses to estimated repair charges will result in units being disposed of.			Fax : 423-870-23 Email: office@cha								