# Equipment Service Return Authorization

Print Form | Please complete this form and return with system | Email Form | Clear Form

SAVE A COPY FOR YOUR RECORDS - CHATTANOOGA MEDICAL SUPPLY - CHATTMED.COM

## CUSTOMER INFORMATION

Same as Bill to: ☐

| Company (Bill to:) | | | Company (Ship to:) | | |
|---|---|---|---|---|---|
| Address 1 | | | Address 1 | | |
| Address 2 | | | Address 2 | | |
| City | St. | Zip | City | St. | Zip |
| Contact | Email | | Contact | Email | |
| Phone | Fax | | Phone | Fax | |

## PRODUCT INFORMATION

**Make:** **Type:**

**Model#** **Serial #**

Approximate Age ____ Date of Shipping ____

Damage: Cracks: ☐ Rattling: ☐ Missing parts: ☐

| Accessories included: | How Many: | Serial # |
|---|---|---|
| ☐ Leads | | |
| ☐ Applicator | | |
| ☐ Power cord | | |
| ☐ Power supply | | |
| ☐ Electrodes | | |
| ☐ Other | | |
| ☐ CONTROL BOX ONLY- | ID# | |

Other Items included with shipment:

Required Return: Overnight ☐ 2nd Day ☐ Standard ground ☐

Your UPS or Fedex account# for return shipping: Our Acct ☐

☐ Repair and return:
☐ Request Estimate:
☐ Calibration and safety test:

***You will be emailed an RA number upon receipt of your system***

Description of problem: (Please be specific, include error codes)

We will provide an emailed estimate for services, non-repaired units can be shipped back to you or scrapped at your request.
Estimates will be valid for 60 days. Non-responses to estimated repair charges will result in units being disposed of.

Ship your system to:

Chattanooga Medical Supply
Equipment Service Warehouse
11608 Perpetual Drive
Odessa, FL 33556

Contact us:
Phone: 423-870-9030
Fax : 423-870-2381
Email: office@chattmed.com