

Vacalon Company Inc Customer Repair Request

Date: _____

Billing Information

Company Name: _____

Contact Name: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

Phone #: _____

Fax #: _____

E-Mail: _____

Shipping Information

Same As Billing

Address 1: _____

Address 2: _____

City, State, Zip: _____

Please provide as much information as possible.

Model: _____

Serial # 1: _____ (ex. handpiece)

Serial # 2: _____ (ex. control box)

Year Purchased: _____

Has the unit been repaired before? Yes No

If yes, where was it repaired? _____

Problems you are experiencing (Please be as detailed as possible)

For faster service you can have your repair completed without an estimate if the cost is under an amount you pre-approve.

Would you like to pre-approve the repair? Yes No

If yes, up to what amount are we approved to complete the repair? _____

What shipping method would you like your equipment returned by?

UPS Ground UPS 2nd Day Air UPS Next Day Air

Unless otherwise notified a \$30 repair estimate fee will be charged for all non-warranty equipment received for service, even in the case of no repair work being completed. This fee will be completely credited toward the total repair fee if the repair is authorized.

Please check the box below if you agree to these terms as well as the other attached terms. If the box is not checked your repair will be held until you can be contacted.

I understand and accept these terms.

Credit Card Authorization

Card Type: Visa MC Amex Discover

Card Number: _____ Exp. Date: _____

CVV Code: _____ (3 or 4 Digit Security Code Found on Back of Card)

Name on card (Print): _____

Signature: _____

Please package all equipment securely before shipping. Do not leave any loose parts in the box and make sure to provide adequate cushioning. Include this form with any equipment shipped for repair.

Ship Repairs Freight Prepaid and Insured To:

Vacalon
Attn: Repair Dept.
12960 Stonecreek Dr, Ste C
Pickerington, OH 43147
800-729-8192
866-270-0796 fax