



# WORK ORDER

\*Please include power charger with equipment

Company  
Contact  
Phone #

Date:  
E-mail:  
Fax #:

**THIS WORK ORDER MUST ACCOMPANY YOUR ITEM FOR REPAIR OR CALIBRATION  
DO NOT SEND THIS SEPARATELY**

Item Name

Model #

Serial #

⇒ \* Malfunction Symptoms, Special Instructions:

⇒ \* Condition of Instrument:

⇒ \* Requested Service:

BATTERY REPACK (Choose One)

Ni-Cad

OR

NiMH

BILL TO ADDRESS:

SHIP TO ADDRESS:

Attn:

Phone#:

Attn:

Phone#:

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Purchase Insurance for Return Trip?      Yes      No

VISA/MASTERCARD /AMEX#

Exp. Date:      Zip Code:

Insurance Value (if requested)

PURCHASE ORDER (attach hard copy)

ON ACCOUNT (need your credit info)

**Service will not exceed \$92.00 for repair or \$142.00 for battery packs without getting an approval from the above listed company contact.** The estimate is based on visual inspection of the instrument and average repair for similar equipment. The final estimate may vary during repair due to unusual circumstances and uncommon qualities of the individual equipment. **There is a \$92.00 evaluation fee. This fee is waived if the repair is approved.**

I REQUIRE APPROVAL ON ALL REPAIRS AND UNDERSTAND IT WILL SLOW PROCESSING.

**I WOULD LIKE MY ORDER RETURNED BY: (Please circle / select your choice):**

**FED-EX:**      1 DAY      2 DAY      3 DAY      GROUND      Required      MY FEDEX #

**UPS:**      1 DAY      2 DAY      SELECT      GROUND      Required      MY UPS #

Failure to list a shipping method or account number will result in a default of UPS Ground being used.

This work order serves as a contract between CIH Equipment Co., Inc. and the above listed customer.

⇒ **SIGNATURE:**

**SHIP TO: CIH Equipment Co., Inc., 107-G Dunbar Ave., Oldsmar, FL 34677**

Toll Free: 888.873.2443 PH: 813.891.6830 FAX: 813.854.1544 [www.cihequipment.com](http://www.cihequipment.com)

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