



WORK ORDER

Company _____ Date: _____
 Contact _____ E-mail: _____
 Phone # _____ 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 _____ _____ _____ Attn: _____ Phone#: _____	SHIP TO ADDRESS _____ _____ _____ Attn: _____ Phone#: _____
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CHOOSE ONE

Purchase Insurance for Return Trip? __ Yes __ No

VISA/MASTERCARD /AMEX# _____

Insurance Value (if requested) \$

Exp. Date: _____

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 \$84.00 evaluation fee. This fee is waived if the repair is approved.**

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

FED-EX: 1 DAY 2 DAY 3 DAY GROUND Required MY FED-X # _____

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

DHL 1 DAY 2 DAY GROUND Required MY DHL# _____

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