



Inland Biomedical  
Services

Date \_\_\_\_\_

Sales Person \_\_\_\_\_

## Service Request

|   |                                 |
|---|---------------------------------|
| Customer/Company Name                               | Customer Phone                  |
|   |                                 |
| Email   |                                 |
|   |                                 |
| Return Shipping Addresss (Cannot be a PO Box)       |                                 |
|   |                                 |
| Item Type   | Serial Number #                 |
|   |                                 |
| Detailed Description of Issue                       |                                 |
|   |                                 |
| Under PM/Service Contract? YES / NO                 | Under warranty W/ IBS? YES / NO |
|   |                                 |
| List all accessories that are being sent with unit: |                                 |
|   |                                 |
| Battery sent in? YES / NO                           | Power cord sent in? YES / NO    |

|                             |                    |        |
|-----------------------------|--------------------|--------|
| <b>FOR OFFICE USE ONLY:</b> | QUOTED: YES/NO     | QUOTE# |
| Received by:                | Confirmation sent: | Job#   |

Thank you for using Inland Biomedical Service | [Service@Inlandbiomedical.com](mailto:Service@Inlandbiomedical.com)  
562.404.4120 | 18281 Mount Baldy Circle | Fountain Valley, CA 92708

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