



Ship to:  
**Therapy Equipment Services**  
 17545 295th Ave  
 Waseca, MN 56093  
 email: jesch@therapyequipmentservices.com  
 phone: 800-311-1834

<b>Service #</b>	<b>Date:</b>
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Please complete this form and include it with the equipment to be sent.

## Service Department Information Form

Customer Information:

If the product is to be shipped to a different address fill in below:

Company	Company
Address 1	Address 1
Address 2	Address 2
City State Zip	City State Zip
Contact Email address	Contact Email address
Phone Fax	Phone Fax

## Equipment Identification

Model Serial#	How many years owned?
Accessories included: <small>Circle all that apply</small>	App   Leads   power cord   power supply   electrodes applicator serial #
Date of last return	Unit damaged? (cracks, rattling, missing parts)

## Reason for Return

<input type="checkbox"/> Unit inoperative, no power <input type="checkbox"/> Error Code appears <input type="checkbox"/> Weak or no output <input type="checkbox"/> Timer <input type="checkbox"/> Buttons <input type="checkbox"/> Display <input type="checkbox"/> Cables	Problem occurs: <input type="checkbox"/> All the time <input type="checkbox"/> After several treatments <input type="checkbox"/> Only occasionally <input type="checkbox"/> At first power up (cold)	<input type="checkbox"/> Repair and Return <input type="checkbox"/> Request Estimate <input type="checkbox"/> Calibration Only <input type="checkbox"/> Ignore cosmetic flaws <b>Preferred payment method</b> <input type="checkbox"/> COD <input type="checkbox"/> Visa / Mastercard <input type="checkbox"/> Valid P.O. # <b>Return shipping method</b> <input type="checkbox"/> Ground <input type="checkbox"/> 2 Day <input type="checkbox"/> Overnight Standard <input type="checkbox"/> Overnight Priority
Description of problem		