

# Repair Form (Please fill out completely)



## BILL TO:

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Purchase Order Number: \_\_\_\_\_

## SHIP TO:

Check if Same As Bill To Address

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 \_\_\_\_\_

Repair Authorization  
 Signature \_\_\_\_\_

Signature gives prior approval to do repairs in 48 hours

Please call before repairs are started

Qty.	Product Number	Description of Product / Problem	Tech Use Only

PLEASE BE SURE THAT ALL INSTRUMENTS ARE CLEANED AND STERILIZED PRIOR TO SENDING THEM TO THE REPAIR FACILITY. REPAIRED INSTRUMENTS WILL BE SENT BACK UPS SECOND DAY UNLESS OTHERWISE REQUESTED.

THANK YOU FOR CHOOSING MSI PRECISION AS YOUR INSTRUMENT REPAIR COMPANY.



REPAIR CENTER 1 West St., Unit A  
 Fall River, MA 02720

**(800) 322-4674**