

This form and be filled out on-line and then printed or submitted via email

Please do not ship your unit by US postal service. This will delay the delivery time, as well as the diagnosis time.

***Pack and ship unit to:***

ERS, Inc. Bio-Medical Service 1628 North Dale Mabry Hwy. Suite 104 Lutz, FL 33548  800-479-2987	Date: <input type="text"/>
<a href="http://ersbiomedical.com">ersbiomedical.com</a>	

Return Authorization #

Model #:

Serial #:

Complaint:

Items sent with unit

Facility Name:

Facility Address:

Facility City, State & Zip:

Contact Name:

Contact Phone:

Contact Fax:

Repair

Calibrate

Safety test

FDA Upgrade

The shipper must insure all units, ERS is not responsible for damage occurring during shipping. Failure to properly pack units could cause damage to units during shipping. All units must have accompanying RA #'s, units will not be accepted without proper return authorization. If an estimate is not approved, a one time charge will be billed to customer for estimation of failure.

Please fax this form back to ERS at 813-948-2082

[ersbiomedical.com](http://ersbiomedical.com)

Please indicate method of payment preferred

COD          Credit Card          Credit

Credit Application must be filled out online to obtain credit