



Contact us:
 Phone: 727-807-7928
 Fax : 727-807-7929
 Email: ersbiomedical@gmail.com

Equipment Service Return Authorization

Please complete this form and return to ERS in box with unit

SAVE A COPY FOR YOUR RECORDS ERSBIOMEDICAL SERVICE 800-479-2987 ERSBIOMEDICAL.COM

| CUSTOMER INFORMATION | | | DATE: _____ | | |
|----------------------|-------|-----|--------------------|-------|-----|
| Company (Bill to:) | | | Company (Ship to:) | | |
| Address 1 | | | Address 1 | | |
| Address 2 | | | Address 2 | | |
| City | St. | Zip | City | St. | Zip |
| Contact | Email | | Contact | Email | |
| Phone | Fax | | Phone | Fax | |

| PRODUCT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | |
|---|----------------------|---|-----------|----------|--------------------------------|----------------------|----------------------|-------------------------------------|----------------------|----------------------|-------------------------------------|----------------------|----------------------|---------------------------------------|----------------------|----------------------|-------------------------------------|----------------------|----------------------|--------------------------------|----------------------|----------------------|--|
| Model: | Serial: | Approximate Age <input type="text"/> Date of Shipping <input type="text"/> Damage: Cracks: <input type="checkbox"/> Rattling: <input type="checkbox"/> Missing parts: <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Accessories included:</th> <th style="text-align: left;">How Many:</th> <th style="text-align: left;">Serial #</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Leads</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Applicator</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Power cord</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Power supply</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Electrodes</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> | | Accessories included: | How Many: | Serial # | <input type="checkbox"/> Leads | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Applicator | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Power cord | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Power supply | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Electrodes | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Other | <input type="text"/> | <input type="text"/> | Other Items included with shipment: _____ _____ Required Return: Overnight <input type="checkbox"/> 2nd Day <input type="checkbox"/> Standard ground <input type="checkbox"/> Your UPS account# for return shipping: <input type="text"/> |
| Accessories included: | How Many: | Serial # | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Leads | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Applicator | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Power cord | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Power supply | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Electrodes | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Repair and return: <input type="checkbox"/> Request Estimate: <input type="checkbox"/> Calibration and safety test: | | ★ If using FEDEX, Please provide return lable with unit. Tracking number _____ | | | | | | | | | | | | | | | | | | | | | |

| |
|---|
| Description of problem: (Please be specific, include error codes) |
| |

Ship your system to:

**ERS Biomedical Service
 Equipment Service Warehouse
 11608 Perpetual Drive
 Odessa, FL 33556**

ERS will provide an emailed estimate for services, non-repaired units can be shipped back to you or scrapped at your request. Estimates will be valid for 60 days. Non-responses will result in units being disposed of.