



Contact us:  
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RMA No.- \_\_\_\_\_

# 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: <input style="width: 150px; height: 20px;" type="text"/>	Serial: <input style="width: 150px; height: 20px;" type="text"/>	Approximate Age <input style="width: 40px;" type="text"/> Date of Shipping <input style="width: 40px;" type="text"/>
		Damage: Cracks: <input type="checkbox"/> Rattling: <input type="checkbox"/> Missing parts: <input type="checkbox"/>
Accessories included:	How Many:	Serial #
<input type="checkbox"/> Leads	<input style="width: 20px;" type="text"/>	<input style="width: 80px;" type="text"/>
<input type="checkbox"/> Applicator	<input style="width: 20px;" type="text"/>	<input style="width: 80px;" type="text"/>
<input type="checkbox"/> Power cord	<input style="width: 20px;" type="text"/>	<input style="width: 80px;" type="text"/>
<input type="checkbox"/> Power supply	<input style="width: 20px;" type="text"/>	<input style="width: 80px;" type="text"/>
<input type="checkbox"/> Electrodes	<input style="width: 20px;" type="text"/>	<input style="width: 80px;" type="text"/>
<input type="checkbox"/> Other	<input style="width: 20px;" type="text"/>	<input style="width: 80px;" type="text"/>
<input type="checkbox"/> Repair and return: <input type="checkbox"/> Request Estimate: <input type="checkbox"/> Calibration and safety test:		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 style="width: 150px;" type="text"/>
		★ 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.