



Equipment Repair Request Form

In order to process a Equipment Repair Request efficiently, please fill out the form below by printing neatly. Once we have reviewed your request and have authorized your request, we will return this completed form to you with a Return for Repair Authorized Number (RA #). DO NOT send anything to Injectidry without placing the RA# on the outside of the packaging as it may be refused upon delivery.

Company Name		Accounts Payable (AP) Contact - Name		AP - Phone Number	
Billing Address			Suite #	AP - Fax Number	
City		State	Zip Code		email Address
Ship To Address			Suite #	Phone Number	
City		State	Zip Code		Fax Number

ITEMS FOR CONSIDERATION						Injectidry Use Only		
Item # 1	Part #	Model #	Serial #	Hours on Unit	Where Purchased from?		Authorized	Not Authorized
	Date of Purchase	INJ Invoice #	PO #	Was the machine exposed to any hazardous conditions? * If YES explain below.		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Describe Problems						RA #	
Item # 2	Part #	Model #	Serial #	Hours on Unit	Where Purchased from?		Authorized	Not Authorized
	Date of Purchase	INJ Invoice #	PO #	Was the machine exposed to any hazardous conditions? * If YES explain below.		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Describe Problems						RA #	
Item # 3	Part #	Model #	Serial #	Hours on Unit	Where Purchased from?		Authorized	Not Authorized
	Date of Purchase	INJ Invoice #	PO #	Was the machine exposed to any hazardous conditions? * If YES explain below.		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Describe Problems						RA #	

For a fee Injectidry can send a cushion set, specific box (charges will vary for different models) for your item to be returned and a UPS Call Tag for the return. Please select one off the two options below. If you choose to send the item in on your own, we strongly suggest you follow the UPS guidelines for packaging. DO NOT USE PACKING PEANUTS.

6506GU or 7706GU	\$ 27.00	99577	\$ 20.00	99577C	\$ 30.00		Front Opening (Clam Shell Design) HP60	\$ 30.00	Non-Opening HP60	\$ 28.50
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- I will send the items to be evaluated for repair.
- I am requesting that Injectidry provide packaging and arrange for the pickup of the item(s) to be evaluated for repair.

Signature of Requestor	Title	FAX BACK TO 425.745.8480 WHEN COMPLETED
Print Name	Date of Request	

<p>Once we have received this request, we will send you back this form with an RA# for each of the items you are requesting. You cannot list more than 1 item per line.</p> <p>Injectidry Systems, Inc. Office 425.822.3851</p>	<p>Shipping Instructions: Injectidry Systems, Inc. Repair Dept - RA # (place # here) 3223 164th St SW Bldg 3 Suite N Lynnwood WA 98087</p>
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