



Owner Data:

Name: _____ Date: _____

Address: _____ Warranty:

City: _____ State: _____ Zip: _____ Non-Warranty:

Phone: _____ Fax: _____

Contact: _____

Sales Rep: _____ RSM: _____

Prepared By: _____

Unit To Be Repaired

Model: _____ Voltage: _____ Serial #: _____

Date of MFG: _____ Original Invoice #: _____

Service Symptoms

Terms:

1. Cost of diagnostic evaluation is \$300.00 payable upon receipt of estimate of repairs. A written confirming purchase order for the evaluation fee and this signed document must accompany machine.
2. Freight is the responsibility of owner. Unit to be appropriately crated on truck for transportation to Advantage. PLEASE DRAIN UNIT THOROUGHLY AND REMOVE ALL NON FACTORY PLUMBING AND ELECTRICAL PLUGS.
3. Advantage will prepare a repair cost estimate outlining parts and labor hours for owner approval before work begins. Estimate will be faxed to owner within 5 working days of receipt of unit. The estimate will be sent to the owner as soon as possible, generally within 5-10 working days of receipt of unit. The time to receive the estimate may vary based on the repair volume at the time the unit is received.
4. Estimate will detail applicable warranty attendant to repairs.
5. Upon receipt of the estimate, the owner will advise Advantage of repair intention within 10 days. If the unit is to be repaired the owner will issue a purchase order for the value of the repair estimate. Open account terms are subject to credit approval by Advantage. If not advised to repair the unit within 10 days of receipt of the estimate the unit will be returned to the owner, unrepaired, freight collect. The \$300 evaluation fee is payable even if the unit is to be returned unrepaired.
6. Owner will maintain insurance on owner's property while in transit. Advantage insurance applies to owner property in our custody.

Customer Authorization: _____ **Title:** _____

Date: _____ **Date of Expected Shipment to Advantage:** _____