



**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 MGF: \_\_\_\_\_ Original Invoice #: \_\_\_\_\_

**Service Symptoms**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Terms:**

1. Cost of diagnostic evaluation is \$200.00 payable upon receipt of estimate of repairs. A written confirming purchase order 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.
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.
4. Estimate will detail applicable warranty attendant to repairs.
5. Owner will maintain insurance on owner's property while in transit. Advantage insurance applies to owner property in our custody.
6. Upon receipt of estimate, owner will advise Advantage of repair intention within 10 days or unit will be returned to owner, unrepared, freight collect.

**Customer Authorization:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Date of Expected Shipment to Advantage:** \_\_\_\_\_