

Service Repair Form

Instructions: Please fill out each section of this form. Send this form and your equipment to be repaired or serviced to **Medical Support Products 105 Koser Road Lititz, PA 17543.** **If this form is filled out completely and includes a PO you will receive 5% off your service bill. *Required Fields**

Date: _____

*Billing Information	
Company Name	_____
Address	_____

*Ship Repaired Equipment To	
Company Name	_____
Address	_____

*Contact (For Questions, Payment and Estimates)	
Name	_____
Email	_____
Phone Number	_____

*Equipment to be Repaired or Serviced (More space on reverse)		
Serial Number	Type of Equipment	Problem or Service Needed

*Repair Preferences (Choose One)	
<input type="checkbox"/>	Approved (Repair without estimate)
<input type="checkbox"/>	Call with estimate before repairing
<input type="checkbox"/>	Email estimate before repairing
<input type="checkbox"/>	N/A (Warranty Repair)

*Payment Method (Choose One)	
<input type="checkbox"/>	PO Provided PO# _____
<input type="checkbox"/>	Email for PO
<input type="checkbox"/>	Call for Payment
<input type="checkbox"/>	N/A (Warranty Repair)

More Information

Send your equipment to **Medical Support Products, 105 Koser Road, Lititz, PA 17543**
Fill this form out in full with a PO, and include in your box for 5% off your service & repair bill
 For questions or more information call 1-800-226-3783 or email service@mspinc.com

Bench Fees

Oxygen Concentrators : \$35

