



SHIP TO ADDRESS:

Sage Services Group
506 Deanna Lane
Charleston, SC 29492

OR

Call us at 877-281-7243

Repair Form

Customer:

Account Name: _____

Address: _____

Is the repair being billed to the hospital? Yes No If no, whom should we bill? _____

Contact Name: _____ Phone #: _____

Email: _____ PO #: _____

Equipment:

Manufacturer: _____

Model # _____

Serial # / Asset # _____

Complaint/Failure:

*****This form must accompany all shipped repairs*****

PLEASE COMPLETE THE ENTIRE FORM

Please be as specific as possible in describing the nature of the problem. You may put your purchase order number on the repair form if the price is known/shown on our price list.

If a bench quote is required, we will send you an email with the repair cost estimate. Once you receive the estimate and it is acceptable to you, please provide us with a purchase order and we will repair and ship the unit to you within 24-48 hours.