

SERVICE INFORMATION FORM

WHEN RETURNING EQUIPMENT FOR REPAIR, PLEASE FILL OUT THIS FORM AND RETURN ALONG WITH THE EQUIPMENT TO:

DUKANE ULTRASONICS
ATTN: SERVICE DEPARTMENT
2900 Dukane Drive
St. Charles, IL 60174
TEL (800) 231-8404 FAX (630) 584-0796

Please enter the following information as completely as possible. Complete information will help us to expedite the return of your unit. If the equipment is not covered by our warranty, a purchase order is required. Please attach or FAX the purchase order to Dukane Ultrasonics Service Department - Thank You.

Bill to:

Ship to:

Company: _____

Company: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Attn: _____

Attn: _____

TEL: _____ FAX: _____

TEL: _____ FAX: _____

P.O. #: _____

P.O. Attached

Will FAX P.O. to Dukane

Equipment Information:

Model #: _____ Serial #: _____ Symptom: _____

Model #: _____ Serial #: _____ Symptom: _____

Model #: _____ Serial #: _____ Symptom: _____

Model #: _____ Serial #: _____ Symptom: _____

Return Shipping Instructions: Please Check the Appropriate Box

UPS UPS Blue UPS Red CCX Airborne Burlington Air Customer Pickup

Federal Express: Economy 2 Day Priority 1 A.M. P.M. Saturday Delivery

Federal Express Account Number: _____

Other Specify: _____

Special Instructions:
