**PLEASE SEND ALL EQUIPMENT TO:** 1002 FORD CIRCLE, SUITE D
MILFORD, OH 45150

| CUSTOMER INFORMATION FIELD | | | |
|---|---|---|---|
| Date | | Sales Representative | |
| Customer | | Mkt Segment | |
| Customer Address | | Labor | |
| Address Line 2 | | Contact with Estimate? | |
| Contact | | Customer PO | |
| Fax/email | | Ship Via | |
| Phone Number | | | |
| Return Authorization # | | | |

| *Device OEM/Model* | *Description of Problem* | *Serial Number* | *Warranty* |
|---|---|---|---|
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***Notes:***

**PLEASE EMAIL COMPLETED FORM TO**
**J2SMEDICAL@J2SMEDICAL.COM**
**FOR PROCESSING**

*Thank you for choosing J2S Medical*