



CHAIR BACK MOTOR REPAIR WORK ORDER

SHIP YOUR EQUIPMENT TO:

DENTAL EQUIPMENT LIQUIDATORS, INC.

16720 BACHMANN AVE.

HUDSON, FL. 34667

PHONE: 727-863-5500

FAX: 727-863-5358

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Email: _____

www.DentalEquipment.com

Chair Back Repair Warranty: 3 Months Parts

MAKE	MODEL NUMBER	SERIAL NUMBER	DESCRIPTION OF PROBLEM
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WHEN SHIPPING YOUR EQUIPMENT, WE STRONGLY SUGGEST THAT YOU INSURE YOUR SHIPMENT. ALSO, PLEASE RETAIN YOUR SHIPPING PAPERWORK, TRACKING NUMBER AND A COPY OF THIS FORM FOR YOUR RECORDS.

ONCE YOUR EQUIPMENT IS COMPLETED, DENTAL EQUIPMENT LIQUIDATORS WILL CONTACT YOU VIA EMAIL. THE EMAIL WILL INCLUDE YOUR SHIPPING TRACKING NUMBER.

www.DentalEquipment.com