



# VACUUM MOTOR REBUILD WORK ORDER

**SHIP YOUR EQUIPMENT TO:**

Dental Equipment Liquidators, Inc.  
16720 Bachmann Avenue  
Hudson, FL 34667  
Phone: 727-863-5500  
Fax: 727-863-5358  
www.UsedDentalEquipment.com

YOUR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Motor Rebuild Warranty: 6 Months  
Parts**

MAKE	MODEL #	SERIAL #	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, Your Tracking Number, and a Copy of This Form for Your Records.**

**Once Your Equipment is Completed, DEL will Contact You Via Email. The Email Will Include Your Shipment Tracking Number.**

**[www.DentalEquipment.com](http://www.DentalEquipment.com)**