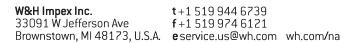
## **W&H Service Request Form Surgical Products** U.S.A



Business Name / We want to provide you with the best possible repair service - period. **Doctor's Name** 1. Fill out this form completely - use a valid/accessible email address! TAX ID# is a legal requirement for shipping medical devices. 2. Pack your equipment securely. (W&H Impex Inc. will not take responsibility for transportation damages) 3. Indicate your preferred method of payment and your return shipping selection from our W&H Service Department. 4. After evaluation, our W&H Service Team will provide a detailed written estimate by email ONLY. 5. Unanswered estimates will be returned unrepaired after 1 month at Contact person your expense. TAX ID# If you need more details, please look us up on www.wh.com/na PLEASE NOTE: The Tax ID# is a legal requirement for business tax verification purpose only and will be protected by law - strictly confidential (dd/mm/yy) Ship to - W&H Impex Inc. Preferred Payment Option Shipping Options from W&H to you 33091 W Jefferson Ave □ Ground - Free of Charge Brownstown, MI 48173, USA 2 Day Express - charged +1 800 265 6277 **Priority Overnight - charged** Please list individual components: equipment type comments / information / service request / billing instructions model no. / serial number handpiece(s) console motor with cable foot pedal



other W&H/0EM equipment

> t+1 519 944 6739 f+15199746121

Any goods submitted to W&H Impex Inc. for repair shall be sent to W&H Impex Inc. and returned by us, are at the risk and cost of the Customer.

