

# SERVICE REQUISITION FORM

Bill To: \_\_\_\_\_  
Account ID (if avail.): \_\_\_\_\_  
Address: \_\_\_\_\_  
City,State Zip \_\_\_\_\_  
Phone# \_\_\_\_\_  
Fax# \_\_\_\_\_

Ship To: \_\_\_\_\_  
Address: \_\_\_\_\_  
City,State Zip \_\_\_\_\_  
Phone# \_\_\_\_\_  
Fax# \_\_\_\_\_

Biomed/Technician: \_\_\_\_\_  
Contact Phone#: \_\_\_\_\_  
Contact Email Address: \_\_\_\_\_  
Purchase Order #: \_\_\_\_\_

### Equipment for Repair

MFG: \_\_\_\_\_  
Model: \_\_\_\_\_  
Serial #: \_\_\_\_\_  
BEC #: \_\_\_\_\_

**\*\*Ship Repairs to\*\***  
Jet Medical Electronics, Inc  
2230 South Dupont Drive  
Anaheim, CA 92806  
(714) 937-0809p; (714)937-2905f

Warranty Repair: Y / N    If so, previous work order/PO? \_\_\_\_\_

Description of discrepancy, to include diagnosis/corrective action taken:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Repair Quote to Technician prior to repair. Y / N