



BPI MEDICAL

REPAIR SERVICE ORDER FORM

Office: (253)883-5040 Website: WWW.BPIMEDICAL.COM

Service

- Repair
- Warranty
- Return
(Loaner)

- Standard Order
- Rush Order (**Pre-Approved with PO**)

Date of Pickup: _____

Sales Representative: _____

Customer Name: _____

Customer Account #: _____

PO # _____

DISINFECTED

- Item have been disinfected
- ITEMS HAVE NOT BEEN DISINFECTED**

METHOD: _____

- FSS**
- Intalere**
- Premier**

Repair Approval: Repair Pre-Approved (**MUST HAVE PO**)

Repair Approved if under \$ _____

Please Quote (may delay turn-time)

Repair Complete By: Date: _____ Time: _____

Approval Contact: _____

Phone: _____ FAX: _____

Hard Copy Quote Via: Email: _____

Copy: _____

SHIP TO: _____

Attn: _____

SHIP VIA

Fed Ex ____ day

FedEx Ground

Rep/Will Call

QTY	MAKE & MODEL	SERIAL #	COMMENTS/SPECIAL INSTRUCTIONS

Instrument & Equipment Solutions

Flexible Scopes | Rigid Scopes | Handheld Instruments | Power Equipment | Cameras & Video Equipment