**PowerFloat REPAIR AUTHORIZATION (Europe)**

CUSTOMER IFORMATION

|  |  |
| --- | --- |
| Ship Date: |  |
| Clinic Name: |  |
| Doctor’s Name: |  |
| Address: |  |
| E-mail: |  |
| Phone Number: |  |

PowerFloat REPAIR INFORMATION

|  |  |  |
| --- | --- | --- |
| Quantity: | Cordless / Electric / Quick Connect(please underline model) | Serial Number(s): |

Please put an X where necessary:

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Is this a General Maintenance Check or Repair? |  |  |
| Is this a Warranty Repair?(PowerFloat has a **six month warranty** from purchase date) |  |  |
|  If YES please indicate repair or purchase date: |  |
| Are you experiencing any problems currently? |  |  |
| If YES please clearly explain the problems: |

SHIPPING INFORMATION

|  |  |  |
| --- | --- | --- |
| Courier: |  | Ground / Air(please underline one) |
| Waybill Number to Estonia: |  |
| Return Waybill Number: |  |

If you have NOT received a repair quote in 7 business days

please contact us at powerfloat.europe@gmail.com immediately.

PLEASE ALLOW **14 – 21** BUSINESS DAYS FOR REPAIRS