

3Gen, LLC Request for Repair

3Gen, LLC
Attn: Repairs Dept.
31521 Rancho Viejo Road, Suite 104
San Juan Capistrano, CA 92675

Date of Request: _____

Name of Requestor: _____

Name of Practice/Institution: _____

Telephone Number: _____ Ext: _____

Return Address: _____

City, State, Zip: _____

Model: _____ Serial No: _____

Problem or Reason for Return: _____

Please Indicate Type of Repair - Circle One:

Warranty

Non-Warranty

Please be advised: there is a \$25.00 (USD) service fee for all Non-Warranty repairs. This fee includes return postage and handling via UPS Ground. It does not cover product replacement costs if the unit cannot be repaired. Please call for expedited return service fees or product replacement costs.

Credit Card Number: _____

Expiration Date (MM/YY): ____/____ CCV: _____

*** 3Gen LLC Office Use Only ***

Date Received by 3Gen: _____

Investigations & Findings: _____

Corrective Action Required: NO YES

Are Documents Impacted: NO YES

If "yes" Which Documents: _____

Disposition & Date : Unit Repaired _____ Unit Replaced _____

Parts Dispensed/Issued for Repair: _____

If replaced – indicate Replacement Serial Number: _____

Date Returned to Customer: _____ Form Completed by: _____