



Date: _____

REPAIR AUTHORIZATION CONTRACT

Contact Name: _____ Telephone #: _____

Company Name: _____

Address: _____ Fax #: _____

City: _____ State: _____ Zip: _____

Email Address: _____

***** When Sending in ANY medical device for evaluation; please include all of the accessories currently in use with said device. Exclusion of such may result in an inability to properly diagnose equipment malfunction.**

Please forward equipment to: 3151 Executive Way Miramar, FL. 33025 Attn: Service & Repair.

Service Agreement:

ONE BEAT Service & Repair Equipment is not responsible for damages to items due to improper packaging, or shipping company mishandling. All devices are immediately evaluated upon receiving for any physical damages that may have occurred. Findings will be documented photographically and are available for use in the case of an insurance or liability dispute.

After shipping clearance, the equipment will be further evaluated by our technicians. Prior to repair intervention, the customer will be provided a repair estimate. If the customer chooses not to repair the device, they may be responsible for the labor cost of evaluation.

All billable repairs will remain in storage until payment has been received. The maximum time equipment will be stored (starting from the completion date of repair or evaluation) is 90 days. After ninety days, verbal and written communication will be attempted. If no correspondence is received, One Beat Service & Repair will classify the equipment as abandoned and it will be recycled according to local protocol.

Equipment Demographics

Qty.	Make	Model	Serial #

Please include a detailed description of malfunction -or- reason for service below

Customer Signature: _____ Date: _____

Sales Rep. Signature: _____ Date: _____