CooperSurgical

Repair Authorization Form

In shipping items to be repaired, this form must be completed & enclosed

All instruments must be clean & free of contaminants

PLEASE NOTE TERMS: If your repair charge is calculated to be $200.00 or less than 30% of the replacement value (the lower of the two being applicable), we will automatically repair the product without notice.

I have read and understand the terms above.

Printed Name _____ Signature _____ Title _____ Date _____

Ship Repair to: CooperSurgical, Inc
Attn: Service & Repair
95 Corporate Dr
Trumbull, CT 06611

Customer # _____ PO# _____

Billing Address:

Name: _____

Address: _____

_____

City, State Zip: _____

Contact Name: _____ Phone# _____

Contact Name: _____ Phone# _____

Shipping Address:

Name: _____

Address: _____

_____

City, State Zip: _____

Fax# _____

Fax# _____

ITEMS TO BE REPAIRED

Catalog Number	Quantity	Serial/Lot Number	Description

Problem:

_____

_____

_____

_____

CooperSurgical, Inc.
Phone# (800)444-8456 Fax# (203)601-4743

Form Serv.036 Rev. None
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