

SERVICE & REPAIR AUTHORIZATION FORM

Customer Information	
Company / Customer Name:	
Street Address:	Contact Name:
City:	Phone #:
Province:	Fax #:
Postal Code:	Email:

Product Information	
Make:	Serial Number:
Model:	Warranty: Yes / No CPP: Yes / No
Problem Description:	

Service Information	
<input type="checkbox"/> Call with Estimate I request Cansel to contact me with a written repair estimate on my equipment. I understand there will be a 1/2hr – 1hr labor diagnostic fee for this estimate.	
<input type="checkbox"/> Service Pre-Approved I authorize Cansel to repair / calibrate my equipment with total Parts & Labor charges not to exceed \$_____. Freight and/or Taxes are extra. Please notify me if cost estimate exceeds this amount. Authorized by: _____ Date: _____	
Calibration Certificate Required <input type="checkbox"/> Yes <input type="checkbox"/> No	P.O. Number: _____
Repair Charges to be billed to: <input type="checkbox"/> Account <input type="checkbox"/> Credit Card <input type="checkbox"/> Other Payment Method	

Please ensure all instrument data and job files are backed up prior to servicing. Cansel is not responsible for data left on your instrument during the service process. Cansel is not responsible for items left over 60 days.