

# Parkell Repair Service Form

Send repairs to: Parkell, Att: Repair Department  
300A Executive Drive, Edgewood, NY 11717

Phone: 631-249-1134 • Fax: 631-249-1242 • E-mail: Repairs@Parkell.com

**\*\*Please fill out this form and include a copy of it with your repair.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Person in your office we can contact about this repair: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Preferred method of contact:     Phone     E-mail     Fax

Office hours: \_\_\_\_\_

Device: \_\_\_\_\_

Serial #: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Problem with Device: \_\_\_\_\_

An \$80.00 bench fee will be charged for most **non-warranty** repairs; if you go ahead with the repair the \$80.00 bench fee will be waived.

Waive bench fee and repair unit?     Yes     No

I pre-authorize Parkell to repair my device if the repair is under \$\_\_\_\_\_. If the repair is over the authorized amount we will contact you first before proceeding with the repair.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Parkell Use Only:**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Accessories Received: \_\_\_\_\_

Bench Test Fee: \_\_\_\_\_ Approved By: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Repair Estimate: \_\_\_\_\_ Approved By: \_\_\_\_\_ Date Approved: \_\_\_\_\_