



Manufacturer's Representatives

Return To	Advanced BioSystems, Inc. 7031 SW 22nd Ct - Suite C Davie, FL 33317
Phone	800-749-7755
Fax	954-423-1777
Email	service@advanced-biosystems.com

Contact Information	
Contact Person	
Contact Phone #	
Date	
Customer #	
Purchase Order	

Repair Authorization Form

If using customer's Shipping Acct, enter number below:	
<input type="checkbox"/> UPS <input type="checkbox"/> FedEx	

Bill To Address:	
Company Name	
Address Line 1	
Address Line 2	
City / State / Zip	

Ship To Address:	
Company Name	
Address Line 1	
Address Line 2	
City / State / Zip	

List Item(s) to be repaired (separately).					
	Qty	Make	Model	Serial / Lot Number	Describe Problem (include as much information as possible)
1.					
2.					
3.					
4.					
5.					

<input type="checkbox"/> Time & Materials Billing (all fields may not apply)	
Diagnostic Fee	\$96.00
<small>If we complete the repair, the Diagnostic Fee is included in the repair price.</small>	
Cost of Parts	
Labor Charge	\$120.00 per hour (non-supply customers)
Travel	Not Applicable
S&H	
Tax	Not Applicable
Total	

<input type="checkbox"/> Flat Rate Billing (not all fields apply)	
Diagnostic Fee	Not Applicable
PM	
Repair	
Rebuild	
Remanufacture	
Travel	
S&H	
Tax	
Total	

Payment:	Payment Type:	
<input type="checkbox"/> Pre-Pay	<input type="checkbox"/> Cash	<input type="checkbox"/> VISA
<input type="checkbox"/> Billing	<input type="checkbox"/> Check (hold)	<input type="checkbox"/> MC
<input type="checkbox"/> Other	<input type="checkbox"/> Credit Card	<input type="checkbox"/> AMEX
	<input type="checkbox"/> Card Address Different from Billing	

Name on Card	
Card Number	
Exp Date	
Card Address	

By signing this form, you indicate you have read the form and filled it out to the best of your knowledge. In addition, you agree to pay all applicable fees as assessed. If fees have not been specified, you will notified with a verbal estimate before we proceed.

Print Name

Signature

Please sign and complete this form; return/enclose it with your item(s).
We will be unable to service your equipment if this form is not completely filled out.