School Health Service Center Request Form

Billing Information:

School/Organization Name: ____________________________
Attention to: ____________________________
Address: ____________________________
City: ____________________________
State: ____________________________
Zip: ____________________________

Return Equipment to this Location: [ ] Same as above

School/Organization Name: ____________________________
Attention to: ____________________________
Address: ____________________________
City: ____________________________
State: ____________________________
Zip: ____________________________

Contact:

Name: ____________________________
Phone Number: ____________________________
E–mail Address: ____________________________

Work Needed (Please note the service you need for each product)

1. Product/Model #: ____________________________
   Serial #: ____________________________
   [ ] Calibration  [ ] Repair  [ ] Cleaning  [ ] Other
   Special Instructions: ____________________________

2. Product/Model #: ____________________________
   Serial #: ____________________________
   [ ] Calibration  [ ] Repair  [ ] Cleaning  [ ] Other
   Special Instructions: ____________________________

3. Product/Model #: ____________________________
   Serial #: ____________________________
   [ ] Calibration  [ ] Repair  [ ] Cleaning  [ ] Other
   Special Instructions: ____________________________

4. Product/Model #: ____________________________
   Serial #: ____________________________
   [ ] Calibration  [ ] Repair  [ ] Cleaning  [ ] Other
   Special Instructions: ____________________________

Other Instructions (if needed):

[ ] Fix equipment as specified on P.O. #______________________________

[ ] Call me with an estimate prior to repair.

How did you learn about the Service Center? [ ] Prior Service [ ] Catalog [ ] Email [ ] Sales Rep [ ] Website

[ ] Customer Service [ ] Conference [ ] Other ____________________________

Shipping Instructions:

Fill out this form completely and make a copy for your records. Please enclose it with the product(s) you are sending for service and ship to:

School Health Corporation, ATTN: Service Center, 5600 Apollo Drive • Rolling Meadows, IL 60008