



# REPAIR ORDER FORM

*...powerful medicine for your instruments™.*

**Ship to:**  
312 E. Van Buren Street  
Leesburg, IN 46538

**1-800-829-7694**

**Mail to:**  
P.O. Box 55  
Warsaw, IN 46581

**Fax: 574-453-3797**

**Customer Shipping Address**

Facility: \_\_\_\_\_

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

City: \_\_\_\_\_

State & Zip: \_\_\_\_\_

Contact Name (s): \_\_\_\_\_

Contact Telephone Number (s): \_\_\_\_\_

Contact Fax Number (s): \_\_\_\_\_

Special Instructions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Customer Billing Address**

Facility: \_\_\_\_\_

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

City: \_\_\_\_\_

State & Zip: \_\_\_\_\_

Date: \_\_\_\_\_

Quote Needed by Customer? Yes \_\_\_\_\_ No \_\_\_\_\_

Customer Purchase Order Number: \_\_\_\_\_

ITEM	MODEL NO.	SERIAL NO.	DESCRIPTION OF PROBLEM

Would you like a Repair Summary Report? Yes \_\_\_\_\_ No \_\_\_\_\_

Repair Summary (To be completed by Nuell, Inc. when requested)

Cost of Repair \$ \_\_\_\_\_

Repair Report: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_