

REPAIR REQUEST FORM

Please complete this form, print and include when shipping your equipment.

FUNERAL HOME: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE: _____

FAX: _____

EMAIL: _____

TYPE OF MACHINE:

DUOTRONIC I DUOTRONIC II DUOTRONIC III DUOTRONIC V

ASPIRATOR 9012 ASPIRATOR 9014

SERIAL NUMBER: _____

DATE PURCHASED: _____

PLEASE DESCRIBE THE EQUIPMENT ISSUES:

Ship Equipment To: **Pierce**
 1764 Chase Drive
 Fenton, MO 63026

Important: When shipping equipment for repair, we recommend using Fed Ex or UPS to have it packaged and purchase additional insurance of approximately \$3,000. This will provide recourse in the event your equipment is lost or damaged during shipment. **Customer has 30 days to approve repair quote or equipment will be returned at customer expense.**