



REPAIR REQUEST FORM

RETURN THIS COMPLETED FORM AND PRODUCT TO:		
DME Company Attn: Repair Department 1419 State Route 45 South Austinburg, OH 44010		
CUSTOMER TO SUPPLY THE FOLLOWING INFORMATION:		
Account #:		
Company Name:		
Address:		
City:	State:	Zip:
Contact Name:		
Telephone Number:		
E-Mail Address:		
P.O.#:		
Item (s) being returned:		
Description of problem:		
Note: Lead time for repairs is approximately 2 weeks. Lack of information provided may cause a delay in the processing of your repair.		