

Please include a copy of this form when sending in the unit.

COMPANY NAME:
CONTACT:
SHIPPING ADDRESS: (no PO Box)
TELEPHONE #
EMAIL ADDRESS:

**\*Purchase receipt and all coils required for warranty consideration.**

SERIAL #		Please reference serial # when calling.
# OF COILS OR ATTACHMENTS SENT WITH REPAIR:		Please ship unit in case to protect it during shipping.

MD-700	<input type="checkbox"/>
MDV-777	<input type="checkbox"/>
MDV-787	<input type="checkbox"/>
MD-600	<input type="checkbox"/>
MD-500	<input type="checkbox"/>

GLASS BLASTER	<input type="checkbox"/>
INDUCTOR MAX	<input type="checkbox"/>
PRO MAX	<input type="checkbox"/>
DLX	<input type="checkbox"/>
U-555	<input type="checkbox"/>

**PLEASE DESCRIBE IN DETAIL THE PROBLEM YOU ARE EXPERIENCING WITH THE UNIT SO THAT OUR REPAIR TECHNICIANS CAN TRY TO DUPLICATE.**


Send your unit along with any accessories and this paperwork to:

**Induction Innovations, Inc.**  
**1175 Jansen Farm Court**  
**Elgin, IL 60123**  
**Attn: Repair Department**