

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