



MEENA MEDICAL EQUIPMENT INC.

[www.meenamedical.com](http://www.meenamedical.com) • 1905 Bedford Road, Suite 100, Bedford, TX 76021 • 817-283-1640

Dear Customer,

Meena Medical Equipment Inc. - Repair Dept. would like to thank you for your business. Please contact us directly at (817) 283-1640, or email us at [salesdept@meenamedical.com](mailto:salesdept@meenamedical.com) with any additional questions.

PLEASE FOLLOW THE INSTRUCTIONS BELOW

PRINT THE EQUIPMENT REPAIR FORM AND DO THE FOLLOWING

1. FILL OUT THE REPAIR FORM (ALL FIELDS ARE REQUIRED)
2. FILL IN PAYMENT INFORMATION
3. SHIP THE UNIT AND REPAIR FORM TO (UPS, FEDEX & USPS ARE ALL ACCEPTABLE FORMS OF SHIPPING):

Meena Medical Equipment Inc.  
ATTN: Repair Dept.  
1905 Bedford Rd, Ste. #100  
Bedford, TX 76021

4. IF LOCAL, DROP-OFF AND PICK-UP OF UNIT CAN BE ARRANGED

S E R V I C E S



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## EQUIPMENT REPAIR FORM

Please print or type legibly. All required.

DATE: \_\_\_\_\_ ORDER #: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

OR

CONTACT PERSON: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### RETURN SHIPPING ADDRESS:

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

### FOR ADDITIONAL CHARGES (Required Parts, Needed Extra Time, Shipping)

CALL FIRST IF REPAIR IS OVER \$ \_\_\_\_\_

*\*(blank indicates to repair without permission or contact, and customer is responsible for cost)*

I WOULD LIKE TO: (Check One)

\_\_\_\_\_ Rebill the Credit Card used for the initial 2 hours of service.

\_\_\_\_\_ A check will be mailed for remaining balance.

\_\_\_\_\_ Use another credit card for the remaining balance

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PAYMENT: VISA/MC/DISC./AMEX#: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

CVC CODE: \_\_\_\_\_



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Type of Equipment to be repaired: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model #: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Year Purchased: \_\_\_\_\_

List all Accessories shipped with unit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide a brief, detailed description of the problem with your unit and any specific parts you would like replaced. Explain the difficulties that you are experiencing with this device.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What have you done to address these difficulties?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand & agree to the terms for repairing equipment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Package the item to be repaired in a sturdy box with packing material to prevent damage during shipment.

**Send to:**

**Meena Medical Equipment Inc.  
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