

INTERNATIONAL ONLY REPAIR FORM

With the completion and submittal of this form you are consenting to Sontec Instruments, Inc. to retain your personal and/or company's data in compliance with the GDPR regulation (EU) 2016/679

This form is NOT for returns. For returns of NEW instruments, phone for Returned Material Authorization (RMA). Proof of purchase required.

PLEASE DO NOT SEND IN YOUR REPAIR INSTRUMENTS PRIOR TO APPROVAL

Instructions filling out this form:

1. Send (email, text or fax) pictures of items for evaluation to determine possible repair. If not repairable you will be quoted replacement pricing with approval of Sontec management; _____
Sontec approval signature & date
2. If instrument(s) has been determined repairable, fax billing information to Sontec 303.792.2606 or call for phone number to process through WhatsApp.
3. Be sure to complete form #FM-005 Proof of Sterilization (download from Sontec website or request one sent to you).

Print Name	Signature	Date
Account #	Phone #	Email
		# of items for repair

NAME & BILLING ADDRESS

SHIPPING ADDRESS (IF DIFFERENT)

PURCHASE ORDER # (IF APPLICABLE)	
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CC #					EXP		SECURITY #		
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(REPAIR FORM - if you are later providing **credit card** information **FAX ONLY** do not email)

- **FDA requires Proof of Sterilization (complete form #FM-005) for all items sent in for repair or the items will be returned to you.**
- It is highly recommended to use secure and appropriate packaging of your repair items to prevent damage and added repair costs.
- Sontec reserves the right to replace items with similar or like pattern or value in lieu of repairs and items deemed beyond repair.
- **Estimates are not given prior to repair (avoids an inaccurate quote).** All repairs are subject to **\$100 minimum**.
- Repair times will vary.
- I understand and agree to above statements. **Form must be signed and a credit card must be provided in order for a repair to be processed.**

Customer description of issue (and of incident if applicable)

There are no warranties or guarantees on repaired instruments either expressed or implied.

For Office Use Only

Freight Carrier _____	Was package damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No
Received in sterilized pouch? <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmation by (initials) _____ Date Received _____