Sontec Instruments®

A TRADITION OF FINE SURGICAL INSTRUMENTS

revised May 12, 2020 by crb

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

Please complete this form and form # FM-005, sign and date and include with the repair item(s) sent to: Sontec Instruments, Inc. 7248 S. Tucson Way, Centennial, CO 80112, USA

This form is NOT for returns.

For returns of NEW instruments, phone for Returned Material Authorization (RMA). Proof of purchase required.

DOMESTIC REPAIR FORM - FAX ONLY if including credit card information

- **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 during shipment to avoid 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 in order for a repair to be processed.**

Print Name _____ Signature _____ Date _____

Account # _____ Phone # _____ Email _____ # of items for repair _____

NAME & BILLING ADDRESS	SHIPPING ADDRESS (IF DIFFERENT)

PURCHASE ORDER # (IF APPLICABLE) _____

CC # _____ EXP _____ SECURITY # _____

Customer Remarks

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

For Office Use Only

Freight Carrier _____ Was package damaged? ☐ Yes ☐ No

Received in sterilized pouch? ☐ Yes ☐ No Confirmation by (initials) _____ Date Received _____