



ADVANCED EXCHANGE AGREEMENT
For IN – WARRANTY ITEMS

RMA # _____ IS REQUIRED – CALL ENGLER AT 800-445-8581

Your facility has requested an advance exchange of the items listed, which are under warranty in accordance with the policy as posted on engler411.com and warranty card. We will be happy to accommodate your request but we will need the information as shown below from you to process this request.

ITEM(S) being exchanged _____

REASON for the Exchange _____

CONDITIONS of the Engler Engineering Corporation Advanced Exchange program:

- 1. We must have this completed and signed form faxed to 305-688-0018 before an exchange can be processed.
2. A Credit Card is required – the information must be shown on the form below.
3. It is understood that if Engler Engineering does not receive your item(s) for exchange within ten (10) business days of you receiving the product, customer credit card will automatically be charged for the full value of the item(s) as posted on the engler411.com web site.
4. Customer is responsible for all shipping charges to and from Engler.
5. If we find that the item(s) being received are out of warranty, or has been damaged due to the failure to read and follow the manual, or not being cared for properly, a repair or replacement estimation form will be faxed back to you. It will be your responsibility to return this form to us within five (5) working days as to how you would like to proceed at that time.
6. It is suggested that you verify the actual cost of the item(s) and insure them for the full face value with the shipping agency.
7. All parts are double checked at shipping to verify that they are included as requested. It is your responsibility to notify Engler Engineering at 800-445-8581 on the day the item(s) is / are received if any items are missing.
8. Claims for damage incurred during shipping to us is your responsibility. We will notify you of shipping containers being damaged when received and we will document the external damage with photographs.
9. Copy of the invoice is required. The RMA number must be written on the box of the returned items.

NOTE: Exchange requests received after 11:30 AM Eastern Time will be shipped out the next day. Please specify shipping priority by marking the appropriate box with an X

[] Ground [] Express Saver [] Second Business Day [] Next Business Day

Please fill in the information below authorizing the transaction to accommodate your request.

Clinic Name: _____ Phone _____

Email _____ Fax _____

Address: _____ City: _____

State: _____ Zip _____ Contact Name _____

The serial number(s) of the item(s) being sent in is _____
(Including unit serial number, compressor, micromotors, transducers etc.... ALL SERIAL #'s)

Credit card number (Amex) (Visa) (MC) _____

Expiration: _____ Code: _____ Zip Code of billing address: _____

I understand and agree to the terms and conditions stated above. Date: _____

Print Name _____

Signature _____