



Web: www.englerusa.com / Email: info@englerusa.com
1099 East 47th Street - Hialeah, Florida 33013 USA
Tel: (800) 445-8581 / (305) 688-8581 Fax: (305) 681-3831

LOANER REQUEST FORM

411

Your name: _____ Your fax #: _____

You are requesting a loaner (please specify) _____ from us

Please review and complete this form and FAX it back to us at **305-681-3831** so we can ship a unit out to you.

CONDITIONS of the Engler Engineering Corporation loaner program:

1. We must receive this completed and signed form before a loaner is shipped out.
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 unit for repair within five (5) business days of you receiving the loaner, your credit card will automatically be charged \$50.00 per week for rental of the loaner.
4. You have five (5) business days after we send your estimate of repairs to send us your reply; otherwise a weekly rental charge of \$50.00 will be applied to your credit card.
5. Our loaner must be shipped back to us by Federal Express or UPS (NOT GROUND), to be received within five (5) days of the date you receive your unit. You need to insure it and keep record of the tracking number for reference if needed. If the loaner is not received, Engler Engineering will automatically charge your card for the full value of the loaner.
6. You are responsible for all shipping charges.
7. All parts are double checked at shipping to verify that they are included with the loaner. It is your responsibility to notify Engler Engineering at 800-445-8581 on the day the loaner is received if any items are missing.
8. All loaner items must be returned in good working condition. We include a copy of our check list for you to use to verify all parts are being returned. Missing and/or damaged items will be charged to your credit card.

NOTE: Loaner requests received after 11:30 AM Eastern time will be shipped out the next business day. Unless specified, all loaners will be shipped Federal Express - Express Saver with a 3 to 4 business day delivery time. Mark box with X if Next Day or Second Day service is requested.

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

Clinic Name: _____ Phone: _____ Fax: _____

Contact Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip _____

The serial number(s) of the device being sent in is _____

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: _____

Signature

Print Name