

BAL-TECH MEDICAL

SERVICE WARRANTY APPLICATION

The information provided on this application sheet aids BAL-TECH in its process of determining your equipment's eligibility for warranty coverage. By providing complete information, you are enabling us to quickly assess the equipment and aid you in purchasing the best warranty plan. PLEASE INCLUDE COPY OF CURRENT SERVICE CONTRACT.

Manufacturer: _____ Laser Model Number: _____
Date of Manufacture: _____ Serial Number: _____

Description of equipment: _____

Existing Contract coverage (if any) and service level (be specific):

Contract expiration date: _____

Pricing of current contract _____

Service history or notes (shot count/hours):

Physician's office / clinic information:

Name: _____ Tax ID# _____

Address: _____

Phone: _____

Fax: _____

_____ Date: _____

E-Mail: _____

Please call BAL-TECH Medical at (800) 574-2152 for any assistance with the above application. Fax this form to (630) 513-0396. Thank You
