



**SHIP TO:**  
**DBI America Corp**  
 254 Crystal Grove Blvd  
 Lutz, FL 33548  
 Phone: (813) 909-9005  
 Fax:(813) 909-9225

Dear Dr./Dealer

Thank you for choosing DBI America for your repair. Please complete the form below and fax or include with repair. Repairs received without form will be refused.

Name (Dealer/ Doctor):	
Bill to:	
Phone #	
Fax #	
Contact Person	
Ship to:	
Observed Problem:	
Items included with repair:	
Serial Number:	

There is a \$300.00 estimate fee for Amdent 2030, \$150.00 estimate fee for portable units and \$75.00 estimate fee for all others. Warranty products that fail to meet warranty requirements will be handled as an unwarranted repair. (please refer to warranty requirements in user's manual) Before any work is performed a service report will be faxed, at which time Dr. may accept or deny the repair. If the repair is approved the estimate fee will apply towards the labor charge. If the repair is denied the credit card below will be charged the estimate and shipping fee. In no circumstance will denied repairs be discarded by DBI America. All repairs whether approved or denied must be returned to owner. Repairs that are not approved or denied within 30 days of estimate date will be returned and charged the estimate & shipping fee. In the event that a repair is replaced by a similar product sold by DBI America the estimate fee is waived. This replacement must be done within 30 days of the service report date. By signing below you hereby agree to the above terms.

- Visa
- Master Card

Cardholder Signature

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date: \_\_\_ / \_\_\_ / \_\_\_ V Code: \_\_\_\_\_

X \_\_\_\_\_

Billing Address of Card: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dealer Signature (by signing below you assert that you have communicated the above information to your client)  X _____
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