

# 3 Gen, Inc. Request for Repair

3 Gen, Inc.  
Attn: Repairs  
31521 Rancho Viejo Road, Suite 104  
San Juan Capistrano, CA 92675

Date of Request: \_\_\_\_\_  
Name of Contact Person: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Ext: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## Return Address

Name of Institution: \_\_\_\_\_  
Name of Requestor: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Suite/Bldg./Apt#: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Problem or Reason for Return: \_\_\_\_\_

**Please be advised:** For all Non-Warranty Repairs there is a \$75.00 (USD) service fee, plus shipping and parts costs. Please wipe down the exterior of your device of all oils, and or residue before sending in. You can expect your device to be serviced within 2 business days after being received at our repair facility. The warranty does not cover expedited shipping fees, please call (949) 481-6384 for expedited shipping costs. For full warranty details see our website at [www.dermlite.com](http://www.dermlite.com)

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

Please indicate if you would like us to contact you with a repair estimate. Yes\_\_\_\_ No\_\_\_\_

**\*\*\*3 Gen, Inc. ONLY\*\*\*** Date Received by 3 Gen, Inc.: \_\_\_\_\_

Investigations and Findings: \_\_\_\_\_

Action Taken to Repair: \_\_\_\_\_

Type of Repair (circle one):                      WARRANTY                      NON-WARRANTY

Disposition (circle one):      Unit Repaired      Unit Not Repaired      Unit Traded-in

If Repaired, Parts Issued for Repair: \_\_\_\_\_

If Replaced, Replacement Serial Number: \_\_\_\_\_

Date Returned to Customer: \_\_\_\_\_ Form Completed By: \_\_\_\_\_