Archer Dental 1107 Summit Avenue

1107 Summit Avenue Plano, TX 75074 866-669-0211

Go to ArcherDental.com for Free USPS Pick-Up!

Handpiece Supercenter Repair Work Order

		PLEASE PRINT COMPLETE	NAME AND A	DDRESS	
Customer Name:		Te	l:()		Date:
Address:		Ci	ty:	State:	Zip:
E-MAIL:		Bill to Credit Card #:			Expires:
		HANDPIECE FO	OR REPAIR		
1	Handpiece Make: Requested Repair or Problem:	Model:	Serial #	# : .	Estimate Warranty OK To Repair
2	Handpiece Make: Requested Repair or Problem:	Model:	Serial #	# :	Estimate Warranty OK To Repair
3	Handpiece Make: Requested Repair or Problem:	Model:	Serial #	<i>t</i> :	Estimate Warranty OK To Repair
4	Handpiece Make: Requested Repair or Problem:	Model:	Serial #	t: .	Estimate Warranty OK To Repair
5	Handpiece Make: Requested Repair or Problem:	Model:	Serial #	f:	Estimate Warranty OK To Repair

NOTE: Insert original into shipping box, save yellow copy for your records.

^{*}Please attach a copy of original invoice when requesting warranty.