Form SF 3.13
Effective: 02-27-2014

PARTS - ORDER FORM

Del Medical Incorporated

241 Covington Drive ~ Bloomingdale, IL 60108
Phone 847/288-7000 ~ FAX 847/288-7011 ~ E-mail - orders@delmedical.com

BILL TO: Acct. #: ______________ SHIP TO:

Your PO#: ______________ Your Phone Contact: ______________ Your Phone #: ______________
E-mail: ______________ Your Fax #: ______________

Shipping Method
(i.e. FXP1, 2 day, ground): Acct. No.:

Shipping Insurance: Yes ☐ No ☐

Warranty: Yes ☐ No ☐
If Yes: Serial Number of Main Component:
or Original PO # of Main Component:
Reason for Return: ______________

Was Technical Support Contacted: Yes ☐ No ☐
If Yes, who?
*Note: Tubes & CPI parts **REQUIRE** problem report for warranty consideration! Please attach completed report.

QTY	PART #	DESCRIPTION	PRICE

NOTES:

____
Authorized Signature

Please note that incomplete forms will be returned for completion before processing!