

MacGILL[®] Service Form
SCHOOL NURSE SUPPLIES

Billing Information:

School/Organization Name: _____ Attention to: _____

Street Address: _____

City/State/Zip: _____

Return Address (if different from above):

School/Organization Name: _____ Attention to: _____

Street Address: _____

City/State/Zip: _____

Contact:

Name: _____

Phone: _____ Email: _____

Unit Information:

#1: _____
Product/Model # Serial #

Reason for Service: _____

#2: _____
Product/Model # Serial #

Reason for Service: _____

#3: _____
Product/Model # Serial #

Reason for Service: _____

Fix equipment on PO#: _____

For calibration requests only: Please check this box if this is your first calibration for an audiometer purchased from MacGill

Call with estimate prior to repairs: Yes No

How did you learn about MacGill's Service Center?

Website Email Catalog Prior Service Other _____

Please include this completed form in each box and ship to: **MacGill**
Attn: Service Center
720 Annoreno Drive
Addison, Illinois 60101

We request that you insure your package and add tracking.