

DR. FUJI / ACIGI RELEAXATION

4399 Ingot Street, Fremont, CA 94538

Tel: 1 (888) 816-0888 Fax: 1 (800) 471-1838 Email: service@drfuji.com

SERVICE / REPAIR / PARTS REQUEST FORM

Date: _____

Name: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell: _____ Work/Home: _____ Fax: _____

Email: _____ Warranty Coverage: Yes () years / No

Purchase Order No.: _____ Date of Purchase: _____

Item / Model #: _____ Color _____ Serial #: _____

Request: Service / Parts _____ Error Code: _____

Description: _____

Please attach a copy of your Purchase Order/Invoice, fax or email to **service@drfuji.com**

FOR OFFICE USE ONLY

Handled by: _____

Appointment Date: _____ am/pm Assigned Technician: _____

QUOTE: Parts _____ Labor _____ Shipping _____

PAYMENT by cc # _____ Expiration: ____/____/____ CVV _____

Remarks:

