

**MAGNETOSTRICTIVE UNIT REPAIR/ ORDER FORM**

**MADULTRASONICS**

Attention: Frank  
300 E. Oakland Park Blvd. #318  
Fort Lauderdale, FL 33334  
email: madultrasonics@yahoo.com  
website: madultrasonics.com  
914-844-6313 Fax: 914-346-5278

Customer Name: \_\_\_\_\_ contact: \_\_\_\_\_  
(Please include business card with order form)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact preference: (please circle one) Phone Fax E-mail

New Model: 25k or 30k Ultrasonic unit order: requests preferences  
Manual or Automatic \_\_\_\_\_

Repair Unit: Model and Serial # \_\_\_\_\_

Reason for estimate/description of problem with unit:

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(please enclose an insert with unit for testing/it will be returned)

METHOD OF PAYMENT: Mastercard Visa Discover Check

I agree to pay total amount of repair upon approval of estimate

Authorized signature: \_\_\_\_\_

Please print 2 copies: one for office to retain