



**CONSOLIDATED
STERILIZER SYSTEMS**

OEM Repair/Evaluation Request Form

Customer/Billing Information:

Facility Name: _____
Contact Name/Phone Number: _____
Street Address: _____
City, State, Zip Code: _____

Shipping Information:

Facility Name: _____
Contact Person: _____
Street Address: _____
City, State, Zip Code: _____

Credit Card Information:

Credit Card Type & Number: _____
Name on the Credit Card: _____
Expiration Date: _____
Amount Authorized: _____

Sterilizer Information:

Model/Serial Number: _____
Equipment to be repaired/evaluated: _____

Service Requested (please select):

- Repair as needed
- Estimate only (contact information must be provided)

Describe what the problem is with the equipment:

Is an authorized CSS Service Company on-site doing the repair? Yes No

Repair/Evaluation Priority Level (please select):

- Normal Processing (approx. 2 weeks-**EXCEPT PRINTERS**):
- Normal Processing for **Printers** (approximately 3-4 weeks):
- Expedited Processing (1-3 day turnaround) \$250.00 extra:

Shipping Preference (please select):

- Ground Service (no additional charge):
- 2nd Day Service (additional charges will apply):
- Next Business Day Service (additional charges will apply):

By signing below, I am authorizing CSS to examine and/or repair (if necessary) the equipment listed above.

Authorized Signature

Date

To process your request please fax a copy of the completed form to (617) 787-5865. Also place a copy of the form in the box with the equipment being returned. Thank you.