

Repair Order Form

Ship to: _____ Please use one form per S/N Repair



Lengemann of Florida
43316 State Road 19
Altoona, FL 32702
Ph: 352.669.2111 Fax: 352.669-4244

Date: _____
Return Via: ___ UPS ___ Pick-Up _____ Other
Your PO # _____

From: _____	Return to: _____
Address: _____	Address: _____
City: _____ State _____ Zip _____	City: _____ State _____ Zip _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Contact: _____	Contact: _____
Email: _____	Email: _____

Do you require an estimate? _____ Do you need a rental during instrument repair? _____
Possible warranty repair? _____
If yes, Date Purchased: _____
Purchased From: _____

Description

Model: _____ Description: _____ Serial # _____

Accessories Included

_____ Case	_____ Manual	_____ Other _____
_____ Targets	_____ Cables	_____ Other _____
_____ Plumb Bob	_____ Lens Cap	_____ Other _____
_____ Batteries	_____ Detectors	_____ Other _____
_____ Charger	_____ Sun Shade	_____ Other _____

Service Required

Please give us complete details of the problem and/or service required: i.e. Error codes, moisture, dropped, out of calibration, etc

Office Use Only