



REPAIR / INPUT FORM

REPAIR ESTIMATE

Visa Master Card Amex Discover

Card #: _____

Exp. Date: _____ CVVC #: _____

Card Holder's Signature _____

CUSTOMER _____

TELEPHONE _____

ADDRESS _____

CITY/STATE/ZIP _____

CONTACT NAME _____

AUTHORIZED SIGNATURE _____

ITEM DESCRIPTION	SERIAL NUMBER	PROBLEM DESCRIPTION
1		
2		
3		
4		
5		
6		

BUSINESS REPLY LABEL
 FIRST-CLASS MAIL PERMIT NO. 3 LIBERTY IN

POSTAGE WILL BE PAID BY ADDRESSEE

HUGHES DIVERSIFIED DENTAL LLC
PO BOX 9
LIBERTY IN 47353-9902

NO POSTAGE
 NECESSARY
 IF MAILED
 IN THE
 UNITED STATES


