



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

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

