



# 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