

Extended Warranty Application

Complete, sign and return form to Biodex Medical Systems, Inc.

Simply complete the Extended Warranty Application, listing the equipment you would like covered. Mail or fax the application to Biodex and we will send you an agreement contract for your review and approval. For further details please call us at 631-924-9000 ext. 2237.

Customer Information

Customer Number:

Contact Person:*

Facility:*

Phone:*

Address Line 1:*

Fax:

Address Line 2:

Email:*

Parts/Labor Part No.	Equipment/Products Description	Serial Number	Contract Price
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Once Biodex receives this Application, an Extended Warranty Agreement will be sent to you for your final approval. Please be aware that your product(s) are not covered until a final **Extended Warranty Agreement** has been issued, signed and returned.

Total _____

Date Offered _____

Date Accepted _____

Payment Plan _____

P.O. Number _____

Authorized Customer Signature

Authorized Biodex Medical Systems, Inc. Rep

Date

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