

Logan Float Repair

10585 Quarter Horse Lane
Melba, ID 83641
208-870-3991 phone
Terry.logan@ymail.com

USA Authorized Repair Service Center

Logan Float Repair.
10585 Quarter Horse Lane
Melba, ID
83641

Repair Tech: Terry Logan
Repair Facility: Cell Phone: 208-870-3991

1. Ship to facility above.
2. Ship the PowerFloat in a suitable protective box or case. Remove all accessories and equipment that do not require inspection or repair in the package. **Each PowerFloat drill or attachment in the package will be evaluated and subject to an evaluation charge as listed below (*) unless otherwise specified.**

Remove all batteries from the shipment of cordless units. Lithium batteries are considered dangerous goods and require additional documentation for shipping due to potential hazards during transport.

If not shipping in the carrying case, make sure to use a rigid box with flaps intact, adequate cushioning material and strong tape designed for shipping. PowerFloat will not be responsible for damaged cases due to shipping.

Logan Float Repair will not be responsible for damaged cases due to shipping.

3. Complete the **Repair Authorization Form**.
 - Email to terry.logan@ymail.com
 - Include one copy in the case with your PowerFloat.
 - Retain one copy for your records.
4. Complete two (2) **Shipping Document Labels**
 - One addressed to the repair facility – see address above
 - One addressed to your clinic (to be used for return shipping from Logan Float Repair)
5. Customers are responsible for all shipping costs. Fed Ex Express is recommended for rush repairs. Please retain copies of all tracking numbers for your records.
6. You will be contacted with a quote prior to all repairs being completed. PowerFloats will be returned to you upon receipt of payment.

***Note: There will be a \$200.00 evaluation charge on any PowerFloat units evaluated but not approved for repair.**

USA

Logan Float Repair – REPAIR AUTHORIZATION

CUSTOMER INFORMATION

Ship Date: _____

Clinic Name: _____

Address: _____

Repair Contact Name: _____ Phone Number: _____

Payment Contact Name: _____ Phone Number: _____

Email: _____

REPAIR INFORMATION

Select model:

Drill #

Right Angle Shaft #

- | | |
|---|-----------|
| <input type="checkbox"/> Plug In – Quick Connect | SN: _____ |
| <input type="checkbox"/> Cordless 20V - Quick Connect | SN: _____ |
| <input type="checkbox"/> UltraLite– Quick Connect | SN: _____ |
| <input type="checkbox"/> Plug In – Not Quick Connect | SN: _____ |
| <input type="checkbox"/> Other _____ | SN: _____ |

- | |
|-----------|
| SN: _____ |

Was this item repaired within the last six months? Yes No Unsure

Please explain problem:

SHIPPING INFORMATION

Return Shipping label included: Yes (fill out below) No: (Please invoice us for shipping charges):

Return Shipping Waybill Number: _____

FOR OFFICE USE ONLY:

Grinding Wheel: Diamond Solid TCC

Date Inspected: _____ Date Repaired: _____

Service Report Findings:
