



Enagic USA, Inc.

Repair Request

4115 Spencer Street Torrance CA,90503 (866)261-9500

RE _____

Office use only

Instructions:

1. To prevent delays, please fill out the customer section completely and return it with the machine
 2. Remove the enhancer tank, diverter and adapter and covers (Enagic will not be responsible and will not replace items)
 3. Do not remove filter, flexible pipe, white / silver and gray hose from the machine
 4. Carefully read the terms and conditions below before signing this Repair request form
- * Deep cleaning is not covered under warranty **if you're not the original owner extra charges apply for repairs

Customer: Please print * No P.O. Box, physical address required

Registered owner		Customer ID:	
Name		Customer ID:	
Number & Stree		Apt #	
City & State		Zip-Code	
Phone No.		Cell #	
E-mail		Purchased Date:	
Credit Card	- - -	EXP Date	/ / CVV
Machine Model		Serial No.	

Do you want the Filter Replaced? Yes No If Required If Yes: HG HGN F8

Brief Description of the Problem:

Deep Cleaning Yes No

External Cleaning Yes No

Infested Machine will be charged an additional \$80 or \$70 for External Cleaning which includes: New white&gray hoses and through mandatory External Cleaning. **Except Super & SDU

By Signing this form, I agree to the Terms and Conditipns listed on the bottom this form.

Customer Signature: _____

Date: _____

Office Use Only Loaner Fee is \$50.00 (for original owner)

Loaner Must be Requested 4 days in advance w/credit card information. Available on Wednesday & Friday

Model:	Serial No.	Shipped Date:
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Received Filter & Enhancer Covers Yes No

Type In: W/C Fedex Loaner Others: Received by: _____ Date: _____

Flex Pipe <input type="checkbox"/> Yes <input type="checkbox"/> No	Diverter <input type="checkbox"/> Yes <input type="checkbox"/> No	Secondary Stand <input type="checkbox"/> Yes <input type="checkbox"/> No	Enhancer Tank <input type="checkbox"/> Yes <input type="checkbox"/> No	Filter <input type="checkbox"/> HG <input type="checkbox"/> HGN <input type="checkbox"/> F8	Others
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Service Performance

<input type="checkbox"/> PM	Result:	Other Service Performed:	<input type="checkbox"/> Other
_____ Tray Upgrade	\$ _____ Deep Clean	Level _____	<input type="checkbox"/> FX
_____ Base	\$ _____ Ext Clean		#
_____ Power Supply	_____ Flush		
_____ Switch	_____ Calibrate		
_____ Propeller	_____ ORP Test		
_____ Shaft	Filter:		
_____ Ring Pump	_____ OK		
_____ Display	\$ _____ REPLACED		
_____ End Plate	_____ NEEDS		
_____ Plate	_____ REPLACEMENT		
_____ No Fault	pH:		
_____ Modified Base	_____ OK		

Parts	
Tax	
Deep Clean	
EXT. Clean	
Labor	
Shipping	
Total	

Date: _____ Technician _____

Terms and Conditions (*1 Except SUPER & SDU)

1. I have read and complied with the Instruction Checklist provided by Enagic
 2. I understand that a \$2.00 daily Storage Fee will be charge if my serviced machine is not pickup within 14days of service completion. Enagic will notify me at the phone number listed on this form when the repair is complete. I understand that the Daily Storage Fee will be due and payable upon pick-up of my serviced machine.
 3. I understand that if the machine is determined by an Enagic Technician to require work that is not covered under warranty, shipping charges will apply.
 4. I understand that Enagic is only responsible for following the Repair Request as written on this form. It is my responsibility to provide a clear description of the problem with my machine. Enagic will attempt to clarify any issue presented on this form but is not responsible for errors resulting from misedescription by me.
 5. I understand that if the Enagic Technician determines that the unit is not working properly due to calcium build up , a deep cleaning will be done without any further notification. Deep cleaning \$40 for original owner \$50 for not original owner. External Cleaning \$20 under warranty or 30.00 for no warranty \$40 for non original owner (*1)
 6. I understand that if my machine is not paid in full within 6 months (180days), Enagic will dispose of machine due to neglect and abandonment of payment dues.
- Customer initial _____ Date _____