

## MTS EXPRESS SHIPPING SYSTEM

Thank you for choosing Bowen Products Limited for your handpiece repair. The following information offers you a fast and easy way to ship out your handpiece(s) via **MTS Express**. Simply complete this form, make a copy for your records and see below for shipping instructions.

## YOUR INFORMATION

Doctor's Name		Bowen ID #		Date	
Address					
Telephone	( )	Fax Number	( )		
Contact Name		E-mail			

## HANDPIECE INFORMATION

Prior to shipping, all handpieces **must** be sterilized.

No.	Handpiece/Model	Handpiece Serial #	Description of Repair	Type of Repair
1				<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c
2				<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c
3				<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c
4				<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c
5				<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

## TYPE OF REPAIR

Please indicate code and match with appropriate handpiece above.

**a** Repair as required.  
No estimate needed.

**b** Call with a free, no-obligation  
estimate before repairing.

**c** Warranty repair with  
warranty card enclosed.

## SHIPPING INSTRUCTIONS

1. Complete this form; make a copy for your records.
2. Insert your handpiece(s) and this completed form into a padded envelope (re-using an otherwise discarded envelope is fine).
3. Secure the padded envelope by stapling or taping closed.
4. Add Bowen's address and your return address information to the outside of the envelope.
5. Place your completed padded envelope with your outbound MTS Express mail.

**In most cases, we will receive your package the next business day.  
For all inquires please contact us directly at 1-800-663-2541.**

## STREAMLINE YOUR ACCOUNTING!

Simply complete and return this form authorizing Bowen Products Limited to auto-debit your credit card (prior to shipping). We will include the credit card receipt and paid invoice with all handpiece repairs/catalogue orders.



CARD NO.

EXPIRY

CARDHOLDER NAME

SIGNATURE