



W&H Premium Service Request Form U.S.A

We want to provide you with the best possible repair service - period.

1. Fill out this form completely - use a valid/accessible email address!
TAX ID# is a legal requirement for shipping medical devices.
2. Pack your equipment securely.
(W&H Impex Inc. will not take responsibility for transportation damages)
3. Indicate your preferred method of payment and your return shipping selection from our W&H Service Department.
4. After evaluation, our W&H Service Team will provide a detailed written estimate by email ONLY.
5. Unanswered estimates will be returned unrepaired after 1 month at your expense.

If you need more details, please look us up on www.wh.com/na

Ship to - W&H Impex Inc.
33091 W Jefferson Ave
Brownstown, MI 48173, USA
+1 800 265 6277

Your Name _____

Address _____

City _____

State _____ Zip Code _____

Phone _____

e-mail _____@_____

Contact person _____

TAX ID# _____

PLEASE NOTE: The TAX ID# is a legal requirement for business tax verification purpose only and will be protected by law - strictly confidential.

Purchase date & Dealer _____

Preferred Payment Option Shipping Options from W&H to you



Ground - Free of charge



2 Day Express - charged

Priority Overnight - charged

Please list individual components:

equipment type	qty	model no. / serial number	comments / information / service request / billing instructions
handpiece(s) 			
console 			
motor with cable 			
foot pedal 			
other W&H / OEM equipment			

W&H Impex Inc.
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 e service.us@wh.com wh.com/na

Any goods submitted to W&H Impex Inc. for repair shall be sent to W&H Impex Inc. and returned by us, are at the risk and cost of the Customer.

