

# Continental Safety Equipment

## Technical Services Division - Repair Authorization

2935 Waters Road #140  
Eagan, Minnesota 55121

651.454.7233  
800.844.7003  
(fax) 651.454.3217

RA # \_\_\_\_\_

e-mail: sales@cseasafety.com

### Instrument Information

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Serial # \_\_\_\_\_

#### Bill To

Customer \_\_\_\_\_  
Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
email \_\_\_\_\_

#### Ship To

Same as Bill To  Will Call

Customer \_\_\_\_\_  
Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
email \_\_\_\_\_

#### Instructions

- Call with estimate before repairing
- e-mail estimate before repairing
- fax estimate before repairing
- Repair if estimate is less than \$ \_\_\_\_\_
- Other \_\_\_\_\_

#### Payment

- CSE Account # \_\_\_\_\_
- Purchase Order \_\_\_\_\_
- VISA \_\_\_\_\_
- Master Card \_\_\_\_\_
- Other \_\_\_\_\_

#### Service Requested

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Technical Services Use Only

Date Received \_\_\_\_\_ Date Completed \_\_\_\_\_ CSE Doc # \_\_\_\_\_ Initials \_\_\_\_\_

Part Number	Description	Qty	Price	Labor	\$
_____	_____	_____	_____		_____
_____	_____	_____	_____	Calibration	\$ _____
_____	_____	_____	_____	Tax	\$ _____
_____	_____	_____	_____	Shipping	\$ _____
<b>Total Parts \$</b>				<b>Total</b>	<b>\$ _____</b>