

**DR. FUJI / ACIGI RELAXATION**

4399 Ingot Street, Fremont, CA 94538

Tel: 1 (888) 266-1618 Fax: 1 (800) 471-1838 Email: [service@drfuji.com](mailto:service@drfuji.com)

**SERVICE / REPAIR / PARTS REQUEST FORM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Dealer: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell: \_\_\_\_\_ Work/Home: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Warranty Coverage: Yes ( ) years / No

Purchase Order No.: \_\_\_\_\_ Show \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Item / Model #: \_\_\_\_\_ Color \_\_\_\_\_ Serial #: \_\_\_\_\_

Request: Service / Parts \_\_\_\_\_ Error Code: \_\_\_\_\_

Description: \_\_\_\_\_

Please attach a copy of your Purchase Order/Invoice, fax or email to [service@drfuji.com](mailto:service@drfuji.com)

**FOR OFFICE USE ONLY**

Handled by: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ am/pm Assigned Technician: \_\_\_\_\_

**QUOTE:** Parts \_\_\_\_\_ Labor \_\_\_\_\_ Shipping \_\_\_\_\_

PAYMENT by cc # \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

Total Charged \$ \_\_\_\_\_ on \_\_\_\_\_ Shipped on \_\_\_\_\_ by USPS/Priority/Fedex/ \_\_\_\_\_

Remarks:

\_\_\_\_\_  
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