Test Medical Symptoms @ Home, Inc. Leader in Home Testing Equipment

RENTAL RETURN FORM

6633 Ashman Road Maria Stein, OH 45860 Tel: 888-595-3136 Fax: 775-703-6393

www.testsymptomsathome.com

Instructions

- Fill out form completely.
- Print out completed form and send it with returned rental products to the return address.

CUSTOMER INFORMATION	
Name:	 5. Manufacturer documentation (manuals, warranty cards, registration information, etc.) 6. A detailed description of the operating problem with the product.
Company Name:	
Street:	
City: State: Zip:	
Phone: () Fax: () Email:	
Rental Date: Invoice # Item(s) Purchased:	7. All rentals MUST be returned in the same type of package that is was originally shipped in by TMS. So, if your rental was sent in a box, it MUSt be returned in a new box. If your rental return is damaged in transport, YOU are responsible for full payment of the rental (\$600). We suggest insuring your return package against any possible shipping accidents.
 CardioChek Silver PA Rental Serial #'s Test Medical Rental Agreement must be signed prior to ren 	ntal.
Returned rental units must be shipped back at least via UPS Ground, with insurance of \$500.00/per analyzer & return shipping is the responsibility of the customer. Rentals will be charged \$4/day/analyzer until the rentals are returned and received in by the TMS shipping department. Customer will be charged \$600/analyzer if rental is not returned within 150 days. CardioChek Training CD Rental (free) MUST BE RETURNED WITH RENTAL ANALYZERS.	
Comments:	
CUSTOMER SIGNATURE PRINT NAME	