



ATTN: REPAIRS
22622 LAMBERT ST.
SUITE 304
LAKE FOREST CA 92630

Please send this form, completed, along with your machine for all warranty, servicing and repairs. If you have questions regarding your machine's warranty or the cost of repairs, please call us at 1 (949) 600-6340 or email us at info@bishoprotary.com. This form will ensure that your machine is repaired correctly, and returned to you. Please fill out ALL information clearly and carefully!

Name: _____ **Phone Number:** _____

Email Address: _____

Home Address: _____

City: _____ **State/Province:** _____

Postal Code: _____ **Country:** _____

Date Purchased: _____

IF YOUR MACHINE IS UNDER THE 1-YEAR WARRANTY YOU MUST ATTACH DATED PROOF OF PURCHASE

Please mark what the issue or concern with your machine is:

<input type="checkbox"/> OVERHEATING	<input type="checkbox"/> STOPPED WORKING
<input type="checkbox"/> MOTOR FLUCUATES	<input type="checkbox"/> STRIPPED/ MISSING SET SCREWS
<input type="checkbox"/> LOUD NOISE	

TYPES OF NEEDLES YOU USE WITH THIS MACHINE? ☐ CARTRIDGE ☐ TRADITIONAL

Corrective Steps Taken: **FOR OFFICE USE ONLY:**

ADDED NEW:	<input type="checkbox"/> MOTOR	<input type="checkbox"/> CAM+BEARING	<input type="checkbox"/> THUMB SCREW
	<input type="checkbox"/> SPRING	<input type="checkbox"/> SLIDE	<input type="checkbox"/> SET SCREWS
	<input type="checkbox"/> EMBLEMS	<input type="checkbox"/> O-RING	<input type="checkbox"/> POST
ADJUSTED:	<input type="checkbox"/> SLIDE	<input type="checkbox"/> MOTOR	<input type="checkbox"/> CAM+BEARING
OTHER			

Date Received: _____ **Date Returned:** _____

Specs: **Model:** **RCA / CLIP** **3.5 / 4.2**
Color: **BR**

Tested For 3 Hour Fully Loaded and APPROVED By:

Payment Type: ☐ Warranty Repair (within 1 year of purchase)
☐ \$ ☐ Invoice

TD: _____

Repair Reference #: _____