

MTS Express Shipping System

Thank you for choosing Bowen for your handpiece repair. The following information offers you a fast and easy way to ship out your handpiece(s) via **MTS Express**. Simply complete this form, make a copy for your records and see below for shipping instructions.

Your Information

Practice Name	
Address	
City	
Province	
Postal Code	

Date	
Telephone	()
Cell	()
Contact Name	
E-mail	

Type of Repair

Please indicate code and match with appropriate handpiece below.

A	Repair as required. No estimate needed.
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B	Call with a free, no-obligation estimate before repairing.
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C	Warranty repair with warranty card enclosed.
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Handpiece Information

NOTE: Prior to shipping, all handpieces MUST be sterilized, no exceptions will be made!

No.	Handpiece/Model	Handpiece Serial #	Description of Repair	Type of Repair
1				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
2				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
3				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
4				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
5				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
6				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
7				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
8				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
9				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Shipping Instructions

1. We welcome you to recycle your existing supplies. Feel free to re-use a padded envelope or small box to safely and securely package your sterilized handpiece(s).
2. Insert your sterilized handpiece(s) in your chosen packaging, along with a business card and this completed shipping sheet.
3. Place your shipment in your MTS Express outbound mail tray. Depending on your pre-determined pick-up schedule with MTS, we will receive your package the next business day.

For all inquiries please contact us directly at 1-800-663-2541.

Streamline Your Accounting!

Simply complete and return this form authorizing Bowen to auto-debit your credit card prior to return shipping. We will include the credit card receipt and paid invoice with all handpiece repairs/catalogue orders.



CARD NUMBER	EXPIRY	CVV
CARDHOLDER NAME	SIGNATURE	DATE