

IMAX INDUCTION[®] Request for Repair

Property Name _____

Address _____ City, State, Zip _____

Contact Name _____ Phone _____ Fax _____

Current Date ____ / ____ / ____ Date of Purchase ____ / ____ / ____ Invoice No. _____

Model Number _____ Serial No. _____
 (Information can be found on underside of induction range)

Provide a brief description of the problem:

Include a copy of this repair form inside the box with your return

Properly package the induction unit & control box to avoid shipping damage, and return to:

Spring USA
127 Ambassador Drive
Suite 147
Naperville, IL 60540
Attn: Repairs

----- **Below for Spring USA Technical Staff** -----

Repair Date ____ / ____ / ____ Technician _____

Repair Notes

Part Number	Description
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____