

Creative Health Products

Polar Service Center Division

www.chponline.com **FAX** 734-996-4650

www.polarservicecenter.com

7621 East Joy Road Ann Arbor, MI 48105

Please use this form when sending your Polar Heart Rate Monitor for service. Print this page; fill out the requested information and return with your complete unit. We always recommend that you use a <u>traceable and insured shipping method</u>, such as UPS or Insured US Mail. Polar is not responsible for items lost in transit.

You can expedite your repair by including your credit card information and pre-authorizing repair charges. The amount we recommend is \$75 which will cover receiver battery, replacement transmitter (most common repairs) and return shipping. Please include a credit card number (Visa, MasterCard, American Express or Discover Card) with expiration date and security code and authorize charges to \$75. You will only be charged the cost of the actual repair. We will contact you by phone or e-mail to authorize any additional charges.

CUSTOMER INFORMATION: (Ple	ease PRINT clearly)			
Billing Name:		F	Phone:	
Address:				
City:		State:	Zip:	
e-mail address:				
Shipping address: (if different fro	m billing)			
Company Name:			(Required for commercial addresses)	
Address:				
City:		State:	Zip:	
Please list contents and quantity b	pelow:			
{} Receiver Qty:	Model (See receive	Serial #	(see back of receiver case)	
{ } Transmitter Qty:			WEARLINK ONLY	
{ } Elastic Strap Qty:		,		
Brief description of problem:				
Please choose one: { } I authorize work to be carr.	ied out up to the val	ue of: \$ (\$75 recomm	nended) FOR CREDIT CARD PAYMENT ONLY	
Credit Card #		_Exp dateS	Security code Last 3 numbers in the signature panel	
Signature.	e estimate. I underst	- tand that the repair will b	be held until I provide payment. (You will	

If you have any questions please contact our Service Department, Monday – Thursday from 9:00 a.m. – 4:00 p.m. EST.