



**ANNUAL MAINTENANCE FORM**  
Please include this completed form with each shear

**Client Details:**

Today's Date:

First Name:

Last Name:

Job Title:

Company Name:

Address:

City:

State:

Zip:

Phone:

Cell:

E-mail:

**Product Details:**

Serial #:

Requesting additional service

Express Service \$50

Medium or Maxi head \$33

Model:

F3002

F3005

F3010

Purchase Date:

Last Service Date:

Check the items shipped:

Handset

Control Box

Battery

Charger

Holster

**Usage Details:**

Crop Type:

Almonds

Walnuts

Hazelnuts

Pistachios

Apples

Apricots

Peaches

Pears

Prunes

Cherries

Avocados

Citrus

Olives

Grapes

Other

Attachment(s) Used:

Extension pole

DSES safety system

Medium Kit

Maxi Kit

Garlic Kit

Hoof Kit

Number of Acres

Pruned:

Other comments:

## TERMS & CONDITIONS

### LIABILITY FOR DAMAGE DURING SHIPPING

If you send in your Electrocouple for service, you are responsible to have it properly packaged to prevent damage while in transit for service. You are also responsible for insurance coverage for any loss or damage to the Electrocouple while in transit for service. We will notify you if the Electrocouple is damaged in any way in transit for service; you will be responsible for any damage incurred before we receive your Electrocouple.

After we have shipped back your Electrocouple to you, if it arrives in a damaged condition, you must notify Infaco USA of the damage by calling us within two (2) days after you receive it at 925-371-0796. If you fail to contact Infaco USA regarding any damage to your Electrocouple within two (2) days after you receive it, you will be responsible for any damage.

### OPTIONAL: PAY IN ADVANCE

If paying by credit card, list your payment details below or include a check. Advance payment allows Infaco USA to bill and return the shears as soon as they are done. Annual Maintenance is \$180. If you have selected Express Service an additional \$50 will be added to your total. You will be contacted in advance for your consent should our technician find any other needed repairs.

Payment Method                      Credit                      Check

Credit Card Billing  
Name/Address:

Visa/MC/Discover CC#

Expiration:

The customer signature on this form indicates agreement to the Terms and Conditions listed above.

Customer Signature

Date