



## Repair Submission Form

Thank you for your purchase of RICA's NICE ICE CryoRoller. RICA offers a repair program for this product, in the case of breakage or damage to the CryoRoller. Please follow the instructions below:

Complete this form with the requested information and send to: RICA Surgical Products, Inc.  
ATTN: Repair Department  
9207 Ivanhoe Street  
Schiller Park, IL 60176

Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Telephone #: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Cardholder Name (*printed*): \_\_\_\_\_ Signature: \_\_\_\_\_

Complete Billing Address for Credit Card: \_\_\_\_\_

Check product and quantity sent for repair:

Large CryoRoller (Grey): Quantity \_\_\_\_\_  Large CryoRoller (White): Quantity \_\_\_\_\_

Small CryoRoller (Grey): Quantity \_\_\_\_\_  Small CryoRoller (White): Quantity \_\_\_\_\_

Upon receipt of your CryoRollers, please allow 2 to 3 working days to process and ship the product to your shipping address. If this address is different than the above address, please attach a label where the CryoRoller(s) should be sent.

The charge for this program is **\$14.00** per Small CryoRoller; **\$22.00** per Large CryoRoller. If paying by check, make the check payable to RICA Surgical Products and include this payment with your shipment **plus** a \$5.00 shipping charge for return postage per order (not per CryoRoller). If you would like RICA to charge your credit card for all applicable charges, please fill out the credit card information above and provide your Authorization Signature.