

# Return Material Authorization Request Form

Contact: Phone: 833-296-9240  
 Fax: 708-756-9595  
 Web: www.flukebiomedical.com  
 Email: [globalcal@flukebiomedical.com](mailto:globalcal@flukebiomedical.com)



## REQUIRED: Billing/Shipping Information

		Your Billing Address:			Your Shipping Address (if different):		
<b>Section 1</b>	Company:				Company:		
	Address:				Address:		
	City:				City:		
	State/Prov:	Postal Code:			State/Prov:	Postal Code:	
	Country:				Country:		
	Contact:				Contact:		
	Phone #:				Phone #:		
	Fax #:				Fax #:		
	Email:				Email:		

## REQUIRED: Select Payment Method

We must have a payment method on file with your RMA. Failure to provide a payment method results in delays in calibrating and/or repairing your equipment. Received equipment without a payment method will be returned without a completed calibration and/or repair.

<b>Section 2</b>	<input type="checkbox"/> We will pay via Purchase Order- Need prior to RMA	Purchase Order #
	<input type="checkbox"/> We will pay via Credit Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express	Please call 833-296-9240
	<input type="checkbox"/> We will pay via Wire Transfer	

## REQUIRED: Select Return Shipping Method

<b>Section 3</b>	Shipping Method: Prepaid if using UPS Ground, otherwise please advise: <input type="checkbox"/> FedEx <input type="checkbox"/> Other	<input type="checkbox"/> Ground <input type="checkbox"/> Overnight-AM/Priority <input type="checkbox"/> Overnight-PM/Std. <input type="checkbox"/> 2-Day Air <input type="checkbox"/> 3-Day Economy <input type="checkbox"/> Other:
	Select Freight Payment Method:	<input type="checkbox"/> Prepay & add freight to my Invoice <input type="checkbox"/> Charge my freight Account #

## REQUIRED: Product Information

<b>Section 4A</b>	Item 1	Mfr:	Model:	Asset#
	Serial #:	Equipment Type:		
	Accessories Included:			
	Service Required: <input type="checkbox"/> Cal: <input type="checkbox"/> Before/After, <input type="checkbox"/> Final, <input type="checkbox"/> Performance Check (no cal cert)			
	<input type="checkbox"/> Repair & Cal. <input type="checkbox"/> Other <input type="checkbox"/> Service Warranty <input type="checkbox"/> New Product Warranty			
	Failure Symptoms/Comments:			
1. Does the unit power up? <span style="float: right;">yes</span> 2. Is it plugged in to the correct power supply? <span style="float: right;">yes</span> 3. Is the issue intermittent or constant? <span style="float: right;">can't tell</span> 4. What functions/tests are not functioning? (eg. What readings are out of tolerance? Or What were you expecting to see displayed?) Please be as specific as possible				

**REQUIRED: Billing/Shipping Information**

Section 1	Your Billing Address:				Your Shipping Address (if different):			
	Company:				Company:			
	Address:				Address:			
	City:				City:			
	State/Prov:		Postal Code:		State/Prov:		Postal Code:	
	Country:				Country:			
	Contact:				Contact:			
	Phone #:				Phone #:			
	Fax #:				Fax #:			
	Email:				Email:			

Section 4B	<b>Item 2</b>	Mfr:	Model:	Asset#
	Serial #:	Equipment Type:		
	Accessories Included:			
	<b>Service Required:</b> <input type="checkbox"/> Cal. <input type="checkbox"/> Repair & Cal. <input type="checkbox"/> Other <input type="checkbox"/> As Found Data _____ <input type="checkbox"/> Service Warranty <input type="checkbox"/> New Product Warranty			
	<b>Failure Symptoms/Comments:</b> 1. Does the unit power up? <span style="float: right;">no</span> 2. Is it plugged in to the correct power supply? <span style="float: right;">yes</span> 3. Is the issue intermittent or constant? <span style="float: right;">intermittant</span> 4. What functions/tests are not functioning? (eg. What readings are out of tolerance? Or What were you expecting to see displayed?) Please be as specific as possible			
	Note: A <del>\$35.00</del> Evaluation Fee may apply if quoted repairs are not approved or if payment \$145.00 information is not provided prior to RMA being issued			
	Form Completed By: _____ Date: _____ Page 1 of _____ Total # Items			